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June 22, 1991

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Ref 1. Holmes RC, Johns AN, Wilkinson JD, Black MM, Rycroft RJG. J Soc Med 1982; 75: 27-30.



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## EC Parliament sees sense on advertising

## Lancs pharmacist struck off for cheque theft

## EC plans pharmacy seminar to define training and role

## What's happened to PR at Lambeth?

## Longer patents: MPs press case

## AAH profits fall: distribution deal reached with ICI





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Ref 1 Martin Hamblin Research  
The purchasing of OTC  
Hydrocortisone January 1990



# CHEMIST & DRUGGIST

INCORPORATING  
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& PHARMACY UPDATE

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# COMMENT

Last week the European Parliament voted against many of the proposed amendments to the pharmaceutical advertising Directive at its first reading (p1022). The Proprietary Association of Great Britain, on behalf of industry, welcomes this as a victory for common sense. In the face of evidence presented to the Parliament by PAGB, whose research showed that too much information merely confuses consumers, no other decision could have been made.

While rejecting calls for information on side-effects, contra-indications, interactions and so on, which would clutter up advertisements and confuse consumers, the Parliament accepted as compulsory the amendment requiring an express invitation to read the label and pack leaflet carefully. PAGB's research showed this to be an important message to get across, and their lobbying success with the labelling and leaflet Directive means that the advertisements will be directing consumers to a good source of "consumer-friendly" information. This is good news, as is the Government's position that the Directive should not restrict the sponsorship the industry "rightly provides" for conferences and educational activities.

The not-so-good news is that an amendment banning advertisements from mentioning symptoms has been accepted by both the European Parliament and the Commission. So a manufacturer can tell consumers about their cough mixture, but without showing someone coughing, or it can talk about a cold remedy, but not about sneezing! Once again PAGB is taking steps to ensure that this irrational proposal is thrown out. It is to speak to the Commission and the Medicines Control Agency to get them to see that there is no logical reason why this should be so.

PAGB deserves praise from industry for its untiring efforts to date. The decision-makers whom they will lobby would do well to bear in mind that effective communication of healthcare information to consumers is of paramount importance. They should also remember that without advertising, self-medication will not develop as quickly as they would like. European Governments are encouraging the growth of self-medication. They recognise its role in reducing healthcare costs — they must see that a sensible policy over medicines advertising is an essential means to that end.



# Advertising Directive: Parliament rejects most amendments

The European Parliament has voted against most of the proposed amendments to the pharmaceutical advertising Directive at the first reading on June 12, a move which has delighted the industry.

Out go amendments requiring advertising of non-prescription medicines to the public to include information on contra-indications, side-effects, interactions, and a recommendation to consult a pharmacist or doctor.

Amendments accepted by the Parliament are those requiring inclusion of an invitation to read the label and leaflet carefully, the statement "any medicinal product can be dangerous if used incorrectly, consult your doctor", and allowing 20 per cent of the space of the advertisement for this information.

Gopa Mitra, public relations manager at the Proprietary Association of Great Britain, told *C&D*: "We are very pleased that common sense broke out in the European Parliament, especially since we've been faced for the last six months with amendments that really wouldn't work for consumers."

This was revealed in the results of a consumer study of information in television advertising published by PAGB in 1990, which showed that people can take in only two message points on average. These must be what the product is for and an invitation or reminder to "Always read the label". Any more than that is not absorbed and can be confusing, the research showed.

After the European Parliament's decision, PAGB pointed out that the statements now being proposed will not require 20 per cent of space for their communication, and so it is not needed. And it says that the statement about medicines being dangerous if used incorrectly contradicts the current practice of responsible self-medication and is, therefore, unnecessarily alarmist.



PAGB's Gopa Mitra

Martin Bangemann, vice-president of the European Commission, told Parliament that the one amendment the Commission accepted is the compulsory reference to the consumer to read the label and leaflet carefully. This is the position supported by the consumer groups and industry.

Peter Jenssen, managing director, health and personal care, at Smithkline Beecham welcomed the Parliament's decision saying: "It is very good news. The decision not to confuse the consumer with unnecessary

information is a good one. It means that if the proposals now go through as planned, consumers will get more information but in a straightforward and informative way.

"The likely outcome is that the consumer will be provided with additional information on the label and leaflet, and a reminder on television commercials to always read the label and leaflet carefully will direct them to the right place for the information, rather than carrying it all on the television commercial."

Jonathan Gould, public affairs manager at Warner-Lambert, told *C&D* that they were "pleased" and thought it was "good for consumers" that a lot of the proposals were not accepted. They hoped it would keep the OTC option open in Europe, so that Governments would continue to keep healthcare costs down by encouraging self-medication.

Although PAGB has welcomed the rejection of most of the proposed amendments, it points out that one anomaly still exists. Both the Commission and Parliament have accepted the amendment excluding an advertisement from mentioning symptoms. This would mean that a cough or cold product could not be advertised showing people coughing or sneezing.

Gopa Mitra says: "We will be talking to the Commission and the Medicines Control Agency about not mentioning symptoms, because whichever way you look at it, there are no good reasons for this requirement."

She added: "We now need to make sure the Council of Ministers continue with this common sense feeling."

## 'Carrot' for addicts

A forum on alcohol and drug abuse set up by the Health Board in Glasgow is looking at offering drug addicts the "carrot" of methadone or other medicines as a means of getting them into the healthcare system, and encouraging a move away from the use of needles in drug abuse.

Pharmacist Jim Bannerman found in a survey of local pharmacists that over 60 per cent believe substitution prescribing is already going on. GPs are prescribing dihydrocodeine, temazepam and Temgesic to help reduce dependence on illicit drugs. However, there is at present no central scheme to support the GPs in this.

He believes that it is important to consider pharmacists when putting together a scheme. Some have had bad experiences and it may be appropriate to investigate the idea of a contract with the addict which takes into account the pharmacist's requirements.

The substitution scheme under discussion has been opposed by some organisations who believe addicts will use the substituted drugs as an additional source of medication rather than an alternative. There has also been opposition from Glasgow psychiatrists. However, a small scheme in Edinburgh has proved successful.

**C&D Price Service:** Due to the lack of space in this week's *C&D* Price Supplement, please refer to previous Supplements for prices of the following brands:—

Affco, Applewoods, Aramanta, Barry M, Cabochard, CWE, Davina, Double Dragon, European Collection, Floris, Garnier, Gina, Green Things, Gucci, Hanimex, Mitry's, Nature Knows Best, Potter & Moore, Power, Pur, Reevecrest, Tommee Tippee, Vulfix, Romany, Spillers, Weleda, Wella, Woods of Windsor, Worth.

We apologise for any inconvenience caused.





# Locums to fight the taxman but NPA says "Don't panic"

Provincial Pharmacy Locum Services are launching a national campaign to alert and inform locum pharmacists of the potential threat to their self-employed status. Managing director Mark Koziol says they intend to establish a locum "fighting fund" to provide the finance for united defensive action against the taxman through "top tax experts and parliamentary advisors."

"We have to take pre-emptive action now," he says, since it is only a question of time before the Revenue clamps down on locum pharmacists (see *News* last week, and *Letters* this week).

Mr Koziol also says the recent victory of the High Street opticians Specialeyes to preserve self-employed status for their locums — the first of its kind — may well help the locum pharmacists' case.

A spokesman for the solicitors who represented Specialeyes warns pharmacists not to fall into the checklist trap of criteria used by the Revenue to assess eligibility for self-employed status. Specialeyes have around 120 locums, some who work up to six

days a week.

The National Pharmaceutical Association urged pharmacists not to panic over the issue, saying that there is no change at the moment in locum status and it will continue to resist any change.

Barry Andrews, managing director Moss Chemists, says that the company follows NPA guidelines to determine employed or self-employed status; they

were fully accepted by the Revenue some two years ago. "But I believe that all locums should be treated the same — there should be consistency."

This week's *Accountancy Age* reports: "Boots has become the first victim of the Inland Revenue blanket blitz to force chemists to treat their locum pharmacists as employees rather than as self-employed."

## European seminar on community pharmacy

The Council of Europe is organising a seminar on the role and training of community pharmacists. It is to be held at the Palais de L'Europe in Strasbourg from October 2-4.

The objective is to help community pharmacists improve the quality of the service and care they provide in their pharmacies and in the primary healthcare sector.

It is hoped that the seminar will result in concrete measures and courses of action being proposed. The conclusions will be circulated to community pharmacists in all member states and be used as a basis for drawing up a Council of Europe resolution on the role and training of pharmacists.

The 24 Council of Europe member states are invited to participate, as well as Eastern and Central European countries who collaborate closely with the Council of Europe.

The programme will consist of morning sessions with a number of speakers, followed by afternoon workshops.

The main topics of debate are: changes in the role of dispensing pharmacists; primary health: care and treatment other than in hospital, an inter-disciplinary challenge — the role of the pharmacist; and initial and further training. UK speakers will include Bruce Rhodes, Beth Taylor, and Professors Noyce and Jennifer Tann.

## 'Straining at the leash'

Pharmacists are "straining at the leash" to do more for their patients, was the message for Health Secretary William Waldegrave at a sesquicentenary dinner in Bristol on June 14.

Responding to Mr Waldegrave's toast to the Royal Pharmaceutical Society, president David Coleman told the Secretary of State that Britain's 20,000 community pharmacists are "a vast resource of highly trained professional expertise just waiting to be fully tapped by the NHS."

"The profession as a whole is determined to commit itself to new roles which will increase patient convenience and improve standards of care," said Mr Coleman. He highlighted increasing the variety of medicines available over the counter, and involving pharmacists in repeat prescriptions.

Prescriptions should be limited to 28 days other than in

exceptional circumstances, he said. Pharmacists could provide monthly repeat prescriptions, on request, between GP visits.

Such a system would be safer and cut down on wastage, said Mr Coleman, pointing to a New Zealand study where 8-10 per cent of monthly repeat prescriptions were not requested from pharmacists. If this were repeated here it would produce a saving of over £100 million for the NHS, he claimed.

Putting the case for more medicines to be available OTC, Mr Coleman said it was frustrating for pharmacists to be unable to use a medicine they knew to be safe and effective.

Mr Coleman said that pharmacists could be of assistance to the strategy steering groups being set up to plan progress towards the Government's health objectives for the nation (*C&D* June 8, p935).

## PGC ploughs on...

The Pharmaceutical General Council expects to submit its remuneration bid for 1992-93 to the Scottish Health Department in mid-July, almost before the ink has had time to dry on this year's settlement.

The PGC will be seeking to firm-up arrangements for the compensation scheme mooted this year, and win further improvements in the essential small pharmacies scheme. Also on the agenda will be an incentive scheme to encourage movement from areas of over-provision to areas where pharmaceutical services are thin on the ground.

The PGC will also be pursuing the idea of an incentive to encourage pharmacists to attend continuing education courses. Chairman Graeme Millar says he has reason to believe he can be "quite positive" over this.

## Untrained testing

Measuring cholesterol where staff are unlikely to be properly trained has been described as "horrifying" by Professor Michael Oliver, director of the Wynn Institute for Metabolic Research.

Speaking at the British Heart Foundation conference, Professor Oliver said anyone interpreting single measurements should receive training:

"I am horrified that machines are being distributed in shops and pharmacies and they are not being taught how to interpret errors."

Errors in testing could mean a cholesterol reading of 6.5mmol per litre could, in reality, be anything from 5.9 to 7.2 said Professor Oliver.

David Swain, marketing manager at Boehringer Mannheim UK (Diagnostics and Biochemical) agreed it would be horrifying if measurements were carried out by untrained staff but that does not happen with their machines.

"We insist that we offer a full training programme," he told *C&D*. This is supported by a helpline, a literature package and report forms. Boehringer have not received any feedback or complaints of miscalculation with their Lipotrend machine.

In a statement, Ames (Division of Bayer Diagnostics) said training and quality assurance form integral parts of the testing procedure. Formal training is organised for purchasers.

## SEPIG's anniversary initiative

The South East Pharmaceutical Industry Group (SEPIG) is sponsoring a joint initiative with the South East Region of the Royal Pharmaceutical Society to mark the 150th anniversary.

"Pharmacy and the medicine makers — 150 years of working together" is the name of the project. During Medicines Week (July 22-27) community and hospital pharmacies will be invited to mount a display depicting the development of pharmacy and medicines over 150 years.

SEPIG is to send a free standing poster, which can be used as a focal point for the display, to all community pharmacies and DPhOs in Surrey, Kent and Sussex. A winner will be selected from each Society branch to go forward to the final.

There will be cash prizes for the top three finalists plus 150th anniversary commemorative items. In addition to the display competition, SEPIG is producing a public information leaflet on medicines for distribution via pharmacies.



# Lancs pharmacist struck off for £25,000 cheque theft

A Lancashire pharmacist who paid £25,000 stolen from a Bolton pharmacy into a false building society account was struck off the Pharmaceutical Register on Tuesday.

John Haythornthwaite, aged 54, of Felstead, Haverbreaks Road, Haverbreaks, Lancs, was placed on probation for two years at Bolton Corwn Court in November 1989, with a condition to submit to treatment prescribed by a doctor, when he admitted stealing £25,000 while working as a locum pharmacist at Leonard Gordon (Chemist) Ltd, 211 Bolton Road, Kearsley, Bolton.

Josselyn Hill, for the Society, told the Statutory Committee that while working as a locum pharmacist Mr Haythornthwaite came across a drawer filled with blank cheques, signed by Mr Gordon. He took one and opened a building society account with a false name. Mr Haythornthwaite, who did not attend the hearing, had said he was in "a depressed state" and did not know what he was doing, but he did plead guilty at the Crown Court.

Mr Hill said that Mr Haythornthwaite was still receiving treatment for a "severely depressive illness" and is under the care of a psychiatrist. It was felt that his attendance at the hearing would jeopardise his health. In a letter Mr Haythornthwaite indicated that, because of his health, he would

never again practise as a pharmacist.

Chairman of the Statutory Committee, Gary Flather, QC, said the Committee was "disturbed to see that as the weeks went by and suspicion fell onto the other members of staff, he maintained the attitude that he had not stolen the cheque".

Describing the theft as being of a "reasonably ingenious

method", Mr Flather said this had been "a very serious breach of trust towards an employer." The Committee decided that Mr Haythornthwaite was "unfit" to be on the Register, and directed that his name be removed.

Mr Haythornthwaite, who has no previous convictions, can appeal to the High Court against the Committee's decision within three months.

## Pharmacy baby training

More than four out of five mothers think pharmacists should be trained to answer their questions on baby feeding and health, the latest Farley Report has found.

But only 10 per cent would ask a pharmacist for general advice on nutrition, and only slightly more would ask which brand of baby food (12 per cent), which baby milk (13 per cent), or which weaning foods (11 per cent) they should buy. When it came to advice on the baby's health, however, over one third said they would consult a pharmacist.

Health visitors were most likely to be consulted when mothers were in need of help or advice, with 59 per cent of the sample saying they would approach their health visitor first, 26 per cent their GP and 10 per cent their pharmacist. But if they needed advice late at night, 61 per

cent were more likely to consult their GP.

When asked which health professional had the least helpful attitude, pharmacists were almost on a par with health visitors (13 and 14 per cent respectively), while 18 per cent thought their GP was the least helpful.

Most mothers (81 per cent) liked to shop at large supermarkets, with only 6 per cent preferring small local shops. The remaining 13 per cent said it largely depended on how much and what type of shopping they had to do. A third of mothers chose one particular shop rather than another because it offered special facilities for them and their babies.

Despite the health campaigns directed at pregnant women, 32 per cent continued to smoke and 39 per cent drank alcohol during their pregnancy. Nearly a quarter took prescribed medicines and 15 per cent OTC medicines during this time. Over 430 mothers with children up to 18 months old took part in the survey, which was carried out by Gallup.

## Oldham pharmacist gets second reprimand

An Oldham pharmacist who suffered the "traumatic experience" of one of his managers dying in his arms, was reprimanded for the second time by the Royal Pharmaceutical Society's Statutory Committee on Tuesday.

Bhimji Patel, of 50 Manley Road, Oldham, Lancs, owns pharmacies at 159 Waterloo Street, and Werneth Hall Road, Oldham.

On May 17 last year at the Waterloo Street Pharmacy, nine days after he had been reprimanded for a similar matter, a Society inspector Henry Littler visited the premises and found no pharmacist present although the shop was open for business.

Giving evidence, Mr Littler said that since then he had made two unannounced routine inspections of both pharmacies

and had found nothing adverse.

Mr Patel assured the Committee that he had learned from his mistake, but said he had been "overstretching himself". He spoke of the "traumatic experience" of one of his managers dying in his arms and then his wife having to tend to his mother's broken arm, restricting the help she could give her husband.

Mr Patel said he had mistakenly kept both pharmacies open while awaiting a suitable pharmacist to replace his deceased manager.

Statutory Committee chairman Gary Lather, QC, told Mr Patel he had "acted in defiance of the Committee" following his first reprimand. He added that the Committee did not expect to see Mr Patel again.

## Reprimand for signing passports for traffickers

A gullible Birmingham pharmacist who signed the passports of three American drug traffickers received a severe reprimand from the Statutory Committee on Tuesday, eight months after being released from prison.

Mukesh Panchal, of 62 Hazelwood Road, Acocks Green, Birmingham countersigned three passports on April 5, 1989, which were referred to the West Midlands police by the Immigration Department because of discrepancies in Mr. Panchal's name and address, the Committee was told.

The three dealers, Raymond Wiley, Trevor Campbell and Yvonne Williams were all found to be Los Angeles drug traffickers. The man who took a passport to be signed by Mr Panchal, Hugh Patterson, is now serving a ten year prison sentence for importing cocaine, Detective Constable Joseph Carr told the Committee.

Mr Panchal, who had had his pharmacy in Milton Street, Walsall for just six months, admitted three offences of making an untrue statement to obtain a passport at Birmingham Crown Court in July 1990. He was sentenced to nine months imprisonment on each to run concurrently, reduced to six months on appeal.

DC Carr said Mr Panchal had been "carefully selected", probably because of his age and because as a "respectable professional person" his signature would add to their application. Mr. Panchal signed that he had known the three for two to three years and that the photographs shown to him were a true likeness. He had never seen the three men and the application forms were virtually blank.

Mr Panchal, who qualified in 1986, said he signed the passports as a favour to a client and friend, Mr Patel, who knew Mr Patterson. He was totally unaware they were "criminals of the first calibre". This was an example to a lot of colleagues: "You tend to trivialise your signature because you sign so many forms," he said.

Statutory Committee Chairman Gary Flather, QC, told Mr. Panchal such cases would normally mean the removal of a name from the Register, but because of the mitigating factors the Committee restricted themselves to a reprimand.

## Alcohol targets

Over seven million people in the UK are estimated to drink in excess of sensible limits, according to Parliamentary Secretary Baroness Hooper.

The Ministerial Group on Alcohol Misuse has initiated measures to help reduce this figure including 14 regional alcohol misuse co-ordinators. Education on alcohol abuse will be included in the National Curriculum, and there will be increased funding to the Health Education Authority. A revision of the code of practice on alcohol advertising is proposed.



## Eye aerobics advert lashed

The Advertising Standards Authority has requested the withdrawal of a national Press advertisement for "Aerobic Eye Exercise Glasses", following a complaint from an eye specialist.

Larkhall Natural Health were unable to substantiate their claims that the glasses help reduce the effect of eye fatigue and strain from glare, computer screens and artificial light.

The advertisement, headed "See better naturally" also claimed the glasses were endorsed by an eye specialist and could be used as spare glasses.

The complainant said he was not aware of any "aerobic exercises" for eyes. He said the glasses worked on the optical pinhole principle and could not prevent eye fatigue — in fact they gave a restricted field of vision. They were not an alternative to spectacles and were unnecessary for people without defective eyesight.

● In an editorial in the latest ASA monthly report, the Authority says spurious health claims and products have swiftly filled the vacuum left by royal jelly and slimming tea in the sorry history of advertising.

Such advertisements bring no credit to the system of self-regulation, says the ASA. "There is probably no area of advertising in which truthfulness and honesty are of greater importance than that of health: the unique vulnerability that ill health, or the prospect of it, produces in all of us is something advertisers should take care not to abuse," it says.

## CPP exams

There has been an encouraging increase this year in the number of community pharmacists taking assessments for the new membership examination introduced last year, says the College of Pharmacy Practice.

But the newly-introduced Assessment C, practice-related problems, only attracted three candidates in community pharmacy compared to 16 from hospital.

Some 30 candidates sat the compulsory Assessment A examination, concerned with the supply and dispensing of medicine, compared to 23 candidates last year. There were 25 passes.

Specialist knowledge, assessment B, was also taken by 30 candidates, compared to 16 in 1990, and this year 16 passed.

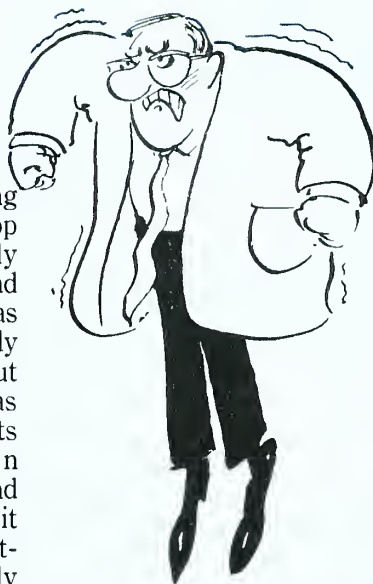
Six candidates passed the full Membership examination under the new regulations.

# TOPICAL REFLECTIONS

by Xrayser

## No smoke without fire!

Of all the anti-smoking preparations in my shop Nicorette has very quickly established itself as brand leader. I am not surprised as I have been enthusiastically recommending its use, but what has surprised me has been the number of patients who have been recommended it by a friend who had previously used it successfully on prescription. There were obviously many people aware of its benefits but not prepared to submit to medical inquisition in order to obtain a prescription. Those potential non-smokers are now coming forward and for every packet of Nicorette sold, hopefully, one more nail in the coffin of tobacco!



the employer and also of the locum. The complexities of PAYE and NI deductions for employers are already onerous, but for locums who may have more than one job, they will become a nightmare.

Jenny, my present locum, works regularly for me one day a week and also regularly for other pharmacists. The understanding we have, however, is that she does so at her *own* convenience, and this has always been the distinguishing feature of

locum employment. If employee status is forced upon her, she may enjoy statutory benefits, but she will lose the freedom of work practice which encouraged her to become a locum in the first place. She would probably then have to opt for a single employer or no work at all which, with young children, will be inconvenient for her and I would lose an excellent locum.

The locum system works particularly well in pharmacy and keeps many ladies in touch with the profession who would otherwise be denied continuity of practice during the years when they feel quite rightly that their primary responsibility lies with their family. I have no intention of introducing employee status for Jenny, and with the National Pharmaceutical Association's help, I will fight the Revenue all the way.

## True colours?

It was nice to see that Boots shareholders are withstanding the rigours of the recession with Boots consolidating on their traditional chemist business (*C&D* June 15, p1012). This has been achieved in part by big brother competition within residential homes. Now they have divorced themselves from the NPA's current advertising campaign. Such actions may endear them to their shareholders but do little to encourage my ambitions of a future united profession. When the going gets only slightly rough publicly quoted companies will all quickly show their true colours and consider the welfare of their shareholders paramount to the needs of the profession that sustains them.

## Taxing locums?

If locums are forced to be considered as employees (*C&D*, June 15, p 975) it will save the Inland Revenue a lot of aggravation at the expense, yet again, of

## No bums rush!

At nappy changing time I was always the father never to be found, maintaining that that end of the proceedings required the feminine touch. The introduction of disposables has not altered my view, but now Peaudouce are wooing the hesitant dad with pictures of Smurf cartoons on their nappies (*C&D Counterpoints* last week). The attractions of the job remain the same, but at least now the smile can be genuine rather than cataleptic.



# SCRIPT SPECIALS

## Fluzone vaccines for the UK

Servier are launching Fluzone, an influenza vaccine, into the UK market.

It is manufactured by Connaught Laboratories in the USA, and has both FDA and MCA approval for licensing. It contains strains recommended by the WHO and the UK's Joint Committee on Vaccination and Immunisation.

Fluzone is licensed for use in children from six months of age. It is appropriate for use in patients who are allergic to antibiotics,

since none are used in the manufacturing process.

Fluzone is available in single dose pre-filled syringes (£5.31 trade).

Servier will be delivering direct supplies of Fluzone to pharmacists during early October, and further supplies will be available through wholesalers.

Posters and leaflets designed for use in community pharmacy will be introduced. *Servier Laboratories Ltd. Tel: 0753 662744.*

## Bonefos for hypercalcaemia of malignancy

Boehringer Ingelheim are introducing Bonefos which contains a bisphosphonate — sodium clodronate — and is indicated for the management of hypercalcaemia of malignancy.

It is a potent inhibitor of osteoclast-mediated bone resorption which does not affect normal bone mineralisation. Increased bone resorption is a common feature of malignant disease and often gives rise to complications such as hypercalcaemia, bone pain and susceptibility to fracture.

Bonefos is available as pale yellow 400mg capsules (112 £194) and as a 300mg concentrate (for IV injection) in 5ml ampoules (5

£74, both prices trade). Treatment is initiated with the ampoules — 300mg daily for no more than seven days. Subsequent treatment is with the capsules — 1,600-3,200mg daily.

Clodronate has been reported in clinical trials to reduce bone pain in patients with skeletal metastases secondary to breast carcinoma, prostatic carcinoma or multiple myeloma, say *Boehringer Ingelheim Ltd Hospital Division. Tel: 0344 424600.*

## Colour coding for Modecate

Squibb will be phasing in colour coding for Modecate 25mg/ml and 100mg/ml presentations (except syringes). At present the 100mg/ml ampoule has a blue band on the shoulder, but this will change.

The new ampoules will have two coloured bands just above the neck, as follows: Modecate 25mg/ml ampoules 1ml red upper/red lower; 0.5ml yellow/yellow; 2ml blue/blue; vial 10ml gold-coloured flanged cap (silver-coloured at present). Modecate 100mg/ml ampoules 1ml red/blue; 0.5ml green/red. *E.R. Squibb & Sons. Tel: 081-572 7422.*

## Papaveretum warning

The following changes have been made to the Data Sheet for Aspav (aspirin and papaveretum):

**Contra-indications:** Not recommended for women of child-bearing potential and children under 12 years.

**Use in pregnancy and lactation:** Although Aspav has been used clinically for many years without noticeable consequences,

noscipine, one of the constituent alkaloids of papaveretum has been shown to be mutagenic *in vitro*.

Due to the theoretical risk to the developing foetus, the use of Aspav and all other products containing papaveretum is contra-indicated in women of child-bearing potential. *Roussel Laboratories Ltd. Tel: 0895 834343.*

### BRIEFS

**Sandoz** say Sandocal 400 will be available for distribution with patient information leaflets within the next few weeks, and Sandocal 1000 within the next few months. There is also a change in the storage requirements for Syntometrine ampoules: "For prolonged periods store between 2-8°C and protect from light. May be stored at temperatures up to 25°C for two months when protected from light." Packs labelled with this will be available within the next couple of months. *Sandoz Pharmaceuticals. Tel: 0276 692255.*

**Dovonex ointment** is now available in a 100g tube (£22.85 trade). *Leo Laboratories Ltd. Tel: 0844 47333.*

**Isotrate** is now available from *Bioglan Laboratories Ltd. Tel: 0462 438444.*

**Opticrom aqueous eye drops:** Fisons say that there is a backlog of orders and stocks are taking a little while to reach some pharmacists. They are supplying wholesalers, who are being instructed to ensure that all pharmacists receive supplies. *Fisons plc Pharmaceutical Division. Tel: 0509 611001.*

### MEDICAL MATTERS

## Losec use extended in US

Astra's acid pump inhibitor omeprazole has gained extended approval in the US for the treatment of active duodenal ulcer.

The Food and Drug Administration's decision follows lengthy discussions with Merck — who market omeprazole in the US as Prilosec — after the company refused to accept the FDA's decision in January not to extend the licence.

Omeprazole is licensed in 55 countries, and the US is one of the last countries to grant approval for the drug's use for duodenal ulcer. It was originally approved in the US in 1989 for the treatment of ulceration and inflammation of the oesophagus, and for the long term treatment of hypersecretory conditions such as Zollinger-Ellison syndrome.

In the UK, Astra are awaiting results of their submission to extend the indications for

omeprazole (Losec) to include peptic ulcers.

## Starch-based ORT on trial

Oral rehydration therapy for children that will also treat diarrhoea is currently being tested at a London hospital (*Pulse* June 15).

The new formula uses starch instead of glucose; partially hydrolysed starch has a lower osmolality than glucose and is therefore more easily absorbed.

Now paediatricians at King's and Queen's Hospital for Children in Hackney are using the solution in children with acute gastroenteritis, to see whether it reduces the length and severity of illness.

## Phenergan unsuitable for diabetics

Phenergan Elixir is now unsuitable for diabetics. It has been reformulated to be free of cariogenic sugars.

The sweetening agent now used is Lycasin (hydrogenated glucose) which is metabolised to glucose in the gastro-intestinal tract. *Rhône-Poulenc Rorer Ltd. Tel: 081-592 3060.*



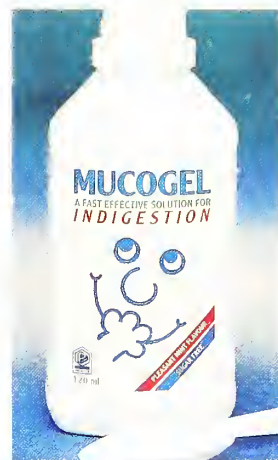


# This will bring a smile to your face.

Following its success as a prescription medicine, Mucogel will soon be available for consumer purchase in new, eye catching 120ml trial size, and 240ml standard size bottles.

Mucogel is an effective, pleasant tasting indigestion remedy that will quickly put a smile on your customers' faces.

And the profit will make you smile too! Because Mucogel will be supported by an extensive National Press advertising campaign, featuring our friendly character... so stock up now... and start smiling!



## MUCOGEL

A fast effective solution for indigestion



# COUNTERPOINTS

## Vagisil range extended with feminine wash

Combe are launching a sister product for Vagisil feminine powder — a feminine wash — which will be available from July 1.



The wash, developed in conjunction with a gynaecologist, has a soap-free, non-irritant formula. A Gallup survey among

1,000 women in the UK found that the main reasons given by the 21 per cent who do not currently use a soap when washing the vaginal area are stinging and irritation, say Combe.

Vagisil feminine wash (175ml £3.99) is said to cleanse away bacteria, perspiration and odour. It has been thoroughly researched and was well accepted in consumer tests, say Combe.

The wash has a snap closure for easy dispensing. A small amount should be used on a flannel, sponge or hand to wash around the external vaginal area during a bath, shower or wash. The area is rinsed and dried as usual.

The launch of Vagisil feminine wash is being supported with advertising in women's weekly and monthly magazines, plus the women's sections of national newspapers, as well as sampling via women's magazines. The Vagisil products also feature in a booklet "Lifetime passport to feminine health", copies of which have been distributed to women nationally since May, say *Combe International Ltd.* Tel: 081-680 2711.

## Sure gets heat sensitive APD

Elida Gibbs have introduced Sure Powerstick for men, replacing the existing Sure solid stick. The new anti-perspirant deodorant has a formulation said to react to body temperature, releasing extra protection as and when the body requires it.

The new APD works through a process of micro-encapsulation, where the deodorising ingredient is held in capsules which remain intact on dry skin. Once the body begins to perspire the capsules dissolve, releasing the deodorant, say Elida Gibbs. The process is

repeated each time the body temperature rises.

At the moment, say Elida Gibbs, the micro-encapsulation process can only be used in solid APDs. And at present there are no plans to extend the formulation to other APD brands in the company.

Available in original and active variants, it will retail at £1.85 (70g). The Powerstick will be supported with a £1.1 million national television campaign this Summer, say *Elida Gibbs Ltd.* Tel: 071-486 1200.

*Elegant Touch* have brought out a nail polish remover containing essential oils, said to be less drying to nails and cuticles. Conditioning polish remover

(150ml, £1.49) contains oil of lavender, juniper and frankincense. It is suitable for real and artificial nails, say *Original Additions.* Tel: 081-573 9907.



## C-W offer quicker, more accurate First Response

Carter-Wallace are relaunching their First Response pregnancy test, offering a quicker result time and a new accuracy claim.

In tests, First Response achieved 100 per cent accuracy in one minute's waiting time, says the company. The packs have

been redesigned to highlight the improvements.

New point of sale material is available, which includes display units and leaflets dispensers. National advertising is planned to support the brand. *Carter-Wallace.* Tel: 0303 850661.

## Topol target women

Keyline Brands are supporting Topol Plus minty gel with an advertising campaign aimed at young, female smokers.

The campaign will break in August and run throughout the Autumn in women's magazines. The creative work is elegant and feminine, says the company. Topol Plus minty gel and the two Topol toothpastes — original mint and fluoride spearmint — will be featured.

Topol Plus has been designed specifically for women smokers in the age group 20-40 years, the numbers of which are increasing despite health pressures, say *Keyline Brands Ltd.* Tel: 081-579 8991.

## Baby Wet Ones on TV

Jeyes are supporting Baby Wet Ones with a television campaign which starts in the second week of July and runs for ten weeks. The advert features an animated duck.

The commercial will be shown on TV-am and is expected to reach 65 per cent of mothers of 0-3 year olds. *Jeyes UK Ltd.* Tel: 0842 754567.

*Swaddlers* are following their television campaign for Ultra Togs with poster advertisements. The poster features the new Ultra Togs pack with the slogan "Big news on the wee wee front — new Ultra Togs with stay-dry panel". It runs until July 14. *Swaddlers Ltd.* Tel: 091-482 5566.



# Join the Gravy Train



Making profit is child's play when you display and recommend the brand leader.

Infacol grew by 22% last year, and it's on track to do even better this year, with advertising support and a new pack to tell mums that it is pleasant tasting and free from alcohol, sugar and artificial colourants.

Infant colic and griping pain are effectively relieved, with Infacol in the ready to use 100 dose pack. And you will be relieved to know that it doesn't take up much shelf space either!





# PRIME TIME TO STOCK MORE.



For the first time ever, we'll be on TV, this Summer with a brand new commercial reminding your customers of the necessity of taking plenty of Alka-Seltzer away with them on holiday.

At the same time, we'll be reinforcing the message throughout the season with P.R. activity in the national and regional press.

So take a trip to your regular Alka-Seltzer supplier and benefit from the best thing on the box this Summer.



BAYER UK LIMITED, CONSUMER PRODUCTS DIVISION, BAYER HOUSE, STRAWBERRY HILL, NEWBURY, BERKS RG13 1JA.



## COUNTERPOINTS



*Fenjal Classic has been repackaged, using an elegant design which emulates the female form, say Smithkline Beecham. The new look aims to attract younger users. The Fenjal logo is emphasised using bold silver arcs and all packs feature the Fenjal Swiss Bodycare stamp of quality. The product formulations remain unchanged. A £500,000 advertising campaign in the women's Press will support the relaunch. Smithkline Beecham Personal Care. Tel: 081-560 5151*

## Hima Laya Tips of colour

Hima Laya are launching Lip Tip and Eye Tip at the Beauty International show (June 23-25).

Lip Tips come in 12 colours and each box contains three different shades and are described as mini-lipsticks/liners.

Eye tips come in 20 colours and each box contains two colour which last for 60 applications.

Both come in a counter display unit containing 48 boxes, which retail at £1.99 each. *Distributors Shoreblue Ltd. Tel: 0604 30996.*

## Good News!

Schwarzkopf are offering products for under £1. News fixing spritz, styling foam, styling gel, wet gel and finishing gloss will retail at £0.99 for one month, or while stocks last. Consumers can obtain a free hair care cassette on purchase of Gliss Corimist intensive conditioning treatment (150ml). *Schwarzkopf Ltd. Tel: 0296 88101.*

**Hedex Extra** is being advertised on television until September on TV-am, then from October to November. *Sterling Health. Tel: 0483 65599.*

## ON TV NEXT WEEK

GTV Grampian	C4 Channel 4	TV-am Breakfast Television
B Border	U Ulster	STV Scotland (central)
BSB British Sky	G Granada	Y Yorkshire
Broadcasting	A Anglia	HTV Wales & West
C Central	TSW South West	TVS South
CTV Channel Islands	TTV Thames Television	TT Tyne Tees
LWT London Weekend		
<b>Aapri:</b>	All areas	
<b>Anadin Extra:</b>	U,STV,G,C,TT,C4 & TV-am	
<b>Clorets:</b>	All areas	
<b>Imperial Leather:</b>	Y,A,TSW,TVS,LWT & TTV	
<b>Impulse Bodyspray:</b>	All areas except TVS,TV-am & Sky	
<b>Libra Bodyform:</b>	All areas except CTV,LWT, TTV & C4	
<b>Listerine/Coolmint:</b>	All areas	
<b>Milupa infant foods:</b>	TV-am	
<b>Nicorette Gum:</b>	U,STV,G,TVS and LWT	
<b>Peaudouce "Ultra T":</b>	All areas	
<b>Slim-Fast:</b>	All areas except G,Y,A,CTV, & TT	
<b>Sure for Women:</b>	All areas except TVS,TV-am & Sky	
<b>Wrigley's Extra/Orbit sugar-free chewing gum:</b>	G	



## New active bodycare

Activity Man is a new male toiletry range from distributors Euro-Evolution, a new company.

The range is lightly scented and contains royal jelly and essential oils.

Pre-sport gel (200ml, £8.95) is said to help prepare muscles for exercise; shower gel (200ml, £6.95) can be used on hair and body; après sport gel (200ml, £8.95), said to help relieve muscle tension; shaving gel (200ml, £5.99); and de-stressing gel (30ml, £12.95), said to refresh tired skin. *Euro-Evolution Ltd.* Tel: 0491 572333.

## Two for the price of one

Lentheric Cosmetics are offering two High Performance lipsticks for the price of one (£4.99).

Four shades are included in the offer — scarlet devil, copper twist, rose petal and cinnamon spice. A merchandiser which holds 12 lipsticks is available for the promotion. The offer runs from July 1 until the end of August. *Lentheric Morny Ltd.* Tel: 0276 62181.

## Brylcreem Black on TV

Brylcreem Black has a new television campaign which will run throughout July and August. The new commercial is aimed at 16-24 year old men, say *Smithkline Beecham Personal Care*. Tel: 081-560 5151.



*Body Mist aerosol has been reformulated and now claims to be quicker drying, gentler, with reduced stickiness and increased effectiveness. The new formulation is highlighted with a sticker on the cap.* *Smithkline Beecham Personal Care*. Tel: 081-560 5151



## Lentheric break new ground with Fleur

Lentheric are launching a floral fragrance, Fleur, at the top end of the mid-market and targeting it at 25-34 year old women.

Fleur has a delicate floral scent, with top notes of tangerine, peach and apricot, middle notes of peony, wisteria and honeysuckle and base notes of sandalwood, musk and vanilla.

The bottle is elegantly shaped with a swirl design and frosted cap — substantially "different" from other Lentheric products, believes marketing manager David Allan. The packaging too has an "up-market feel" and is Cellophane-wrapped.

The Fleur range comprises parfum de toilette spray (25ml £9.50; 50ml £13.95), parfum de toilette (50ml £9.95), a pump spray in a presentation box, perfumed talc (100g £4.50) and

foaming bath oil (200ml £6.50). To support the launch there will be an introductory 15ml parfum de toilette in a presentation carton, retailing at £3.95.

The price of Fleur was set at about 30 per cent above other Lentheric fragrances after extensive consumer research, says Mr Allan. He expects the new fragrance to equal sales of best selling brands Tweed and Panache in three to five years.

Point of sale material includes a two-tier counter unit which will hold the entire range as well as testers. Other in-store support includes showcards and dummies.

A £1 million television campaign begins at the end of September and runs for four weeks. The second burst will be from mid-November until Christmas. *Lentheric Morny Ltd.* Tel: 0276 62181.

## Armani gets eau de parfum

Giorgio Armani have added an Eau Perfumee to their Armani fragrance range. It is a lighter version of the perfume, says the company. The 35ml natural spray retails at £18.95 and the deluxe 50ml refillable spray at £28.50.

To support the launch Armani are offering a coffret with the purchase of the Eau Perfumee 35ml spray or the deluxe refillable spray.

The gift box contains four trial sizes from the body range. *Parfums Giorgio Armani*. Tel: 071-937 7207.

## Smooth Finish

Estee Lauder have added Smooth Finish gel scrub to their Active Skin Solutions range for normal to oily skin.

The gel scrub (100ml, £13.30) claims to refresh and stimulate while it exfoliates. It contains micro-granulated particles, menthol, glycerine and allantoin.

Estee Lauder recommend women with oily skin use the gel scrub two or three times a week and those with normal to oily skin once a week. It should be lightly massaged over damp skin and rinsed with warm water. It is fragrance and oil-free and non-comedogenic. *Estee Lauder Cosmetics Ltd.* Tel: 071-493 9271.

## Guerlain gets golden touch

Guerlain have relaunched their cosmetics range and renamed it L'Or de Guerlain.

The new packaging is a combination of yellow and white gold and Guerlain claim it is the first time metallic film has been used on complex shapes.

The face powder range has been renamed "Les Voilettes" — and emits a subtle fragrance of violets on application.

A new concealer, Anticernes, comes in the shape of a small lighter-style case. *Guerlain Ltd.* Tel: 081-998 1646.

## Sparkling offers

Smithkline Beecham are promoting their Lucozade range this Summer with the offer of 1,000 pairs of Nike Air cross trainers to be won.

Consumers are invited to collect the letters that spell ENERGY, on 28 million special labels on the 250ml bottles until the end of July. In addition 50,000 Lucozade t-shirts are on offer.

The promotion will be featured in national cinema advertising until the end of July, which is expected to reach one third of 15-24 year olds.

Retailers can win cases of Lucozade by collecting N, R, G letters, printed on the inside of Nike promotional cases. *Smithkline Beecham Drinks*. Tel: 081-560 5151.

## Optrex on TV

Crookes are investing £1.75 million in a national television campaign for Optrex.

The three commercials continue the "Are your eyes trying to tell you something?" theme. The campaign will run throughout the Summer. *Crookes Healthcare*. Tel: 0602 507431.

**Alberto Culver**, distributors for Ice, are running a sampling campaign with *Catch* magazine, aimed at 16-24 year olds. An Ice Cool tissue will be covermounted on the August issue. Also included will be a 25p money-off next purchase coupon. *Alberto Culver Co.* Tel: 0256 57222.

**Jean Patou** have taken over the distribution and marketing of Parfums Annick Goutal. *Jean Patou Ltd.* Tel: 071-328 1036.





Cussons have added Cool Aqua fragrance to their Imperial Leather anti-perspirant deodorant range. It is a fresh, mild fragrance, available in aerosol and roll-on variants. Cool Aqua was introduced to the Imperial Leather shower gel range last year. Cussons (UK) Ltd. Tel: 061-792 6111.

Mavala have brought out moisturising Barrier Base, a basecoat said to hydrate and protect the nail and prevent staining from nail enamel. It retails at £6.65 (10ml). Mavala Ltd. Tel: 0732 459412.

Melrose have updated the description on their emollient to "all purpose skincare". Roberts and Sheppey (Melrose). Tel: 0844 339 448.

## Milupa cassette offer

Milupa are offering a free cassette with their new range of Herbal baby drinks.

Entitled "Teddy bears' picnic" it includes 38 nursery rhymes. To claim the cassette consumers need three proofs of purchase. The offer will be promoted with leaflets, explaining how to enter, available through pharmacies. Point of sale material is available.

The offer runs from July until the end of November. Milupa Ltd. Tel: 081-573 9966.

A range of photographers' gadget bags has been introduced by Prisma and will be distributed by Sangers. Retail prices for the Classic range run from £24.99 for the 30 by 18 by 20cm model to £39.99 for the top of the range 40 by 23 by 23cm bag with front and side zip pockets, tripod straps and detachable carrying strap. All the bags are made in heavy duty ballistic nylon. Sangers Photographic Ltd. Tel: 021-523 4471.

## Eurofacts galore!

Two decades ago the Reader's Digest Association carried out a study of the lifestyle, consumer spending habits and attitudes of some 20,000 people in 16 European countries. "Two decades later, with Europe on the brink of the most sweeping changes of the post-war era, we thought it was time to repeat our survey," says George Grune, chairman and chief executive of the Reader's Digest Association.

The company employed Gallup to carry out some 22,500 interviews in 17 countries, using questionnaires which covered a wide range of subjects, including cosmetics and toiletries, the European Community, holidays, drinks, household equipment and social issues.

The 1990 survey revealed that 70 per cent of women in the EC used some form of face care cosmetics and toiletries, which varied from 75 per cent in the UK, 88 per cent in Denmark and 43 per cent in Portugal. A similar number admitted to using make-up — 76 per cent in the EC and as high as 89 per cent in the UK, with Portugal again having the lowest number of users at 57 per cent.

The most popular make-up product among European women was lipstick and lipgloss. In the EC 63 per cent of women questioned said they used it, with 79 per cent of British women using it.

Use of foundation in the UK was high at 56 per cent, the EC average being 36 per cent.

The most popular skincare product was moisturiser, with 58 per cent of EC women using one. Cleansers came a close second with 50 per cent of women using it in Europe, but anti-ageing creams have not taken off yet — only 16 per cent of European women say they use them, and only 6 per cent in Britain. The French and the Germans seem more switched on to the idea, with 23 per cent and 29 per cent respectively of women using them.

The Reader's Digest survey assumes we all use shampoos and instead asked how many women use a conditioner. In Europe 46

per cent said they did. In Portugal only 7 per cent use a conditioner while in Britain 74 per cent do. Hair styling products have done well in their relatively short lifespan with 35 per cent of European women buying them (47 per cent in Britain).

As might be expected the French are the largest consumers of fragrances, with 87 per cent of French women using an eau de toilette or cologne. In Britain 62 per cent use them.

It seems the British like scent in their baths though, with the UK having highest proportion of women using bath additives (66 per cent) apart from the Swiss (71 per cent).

And thankfully deodorants are fairly widespread with 68 per cent of European women using them. In the UK, 38 per cent of working women wear lipstick, compared to 52 per cent in Sweden. In Britain, 60 per cent of women wear eye make up, with the most ardent consumers being the 18-24 year olds (88 per cent). Rejuvenating treatments are mostly used by the 35-49 age bracket, although only 13 per cent of British women in this group use them, compared with 38 per cent of French and 35 per cent of Germans.

In the men's sector the deodorant comes out as the most likely product to be found in the European man's bathroom cabinet, though still only 56 per cent of them use one! In Britain 69 per cent do, compared with 80 per cent in Denmark and Sweden but only 28 per cent in Greece.

Shaving cream and splash-on lotion are the next most popular items with 52 per cent of European men using each.

It seems wet shaving is still more popular — 61 per cent of Europeans prefer it. The Greeks are the greatest supporters of this method (90 per cent) and the Germans are the least likely to wet shave (37 per cent). It seems, however, we're not as Green as we claim — the favourite type of razor is the plastic disposable.

When it comes to haircare the British and Finnish men use the most conditioner (26 and 47 per cent). And we use an above average proportion of styling aids (16 per cent), surpassed only by the Netherlands at 23 per cent.

British men are way behind with skincare: only 15 per cent use it, compared with 38 per cent of Germans and 35 per cent of Danes.

A copy of the report is available for £250 or in disc form for £1,000. For orders contact Ian Aitken on 071-409 5781 and for further information contact Graham Williams on 071-409 5785.

Braun have improved the look of their Tri-Curl TC22 and renamed it TCC30. It now comes in black. The appliance features a narrow brush, a wider brush and a tong. It is ideal for travel as it has adjustable voltage control. It retails at £13.95. Braun. Tel: 0932 785611.

Schering Plough would like to point out that the retail price for their 50g Lacto Calamine cream is £1.49, not £1.59 as stated in C&D, May 11 p794. Schering Plough Ltd. Tel: 0638 716321.

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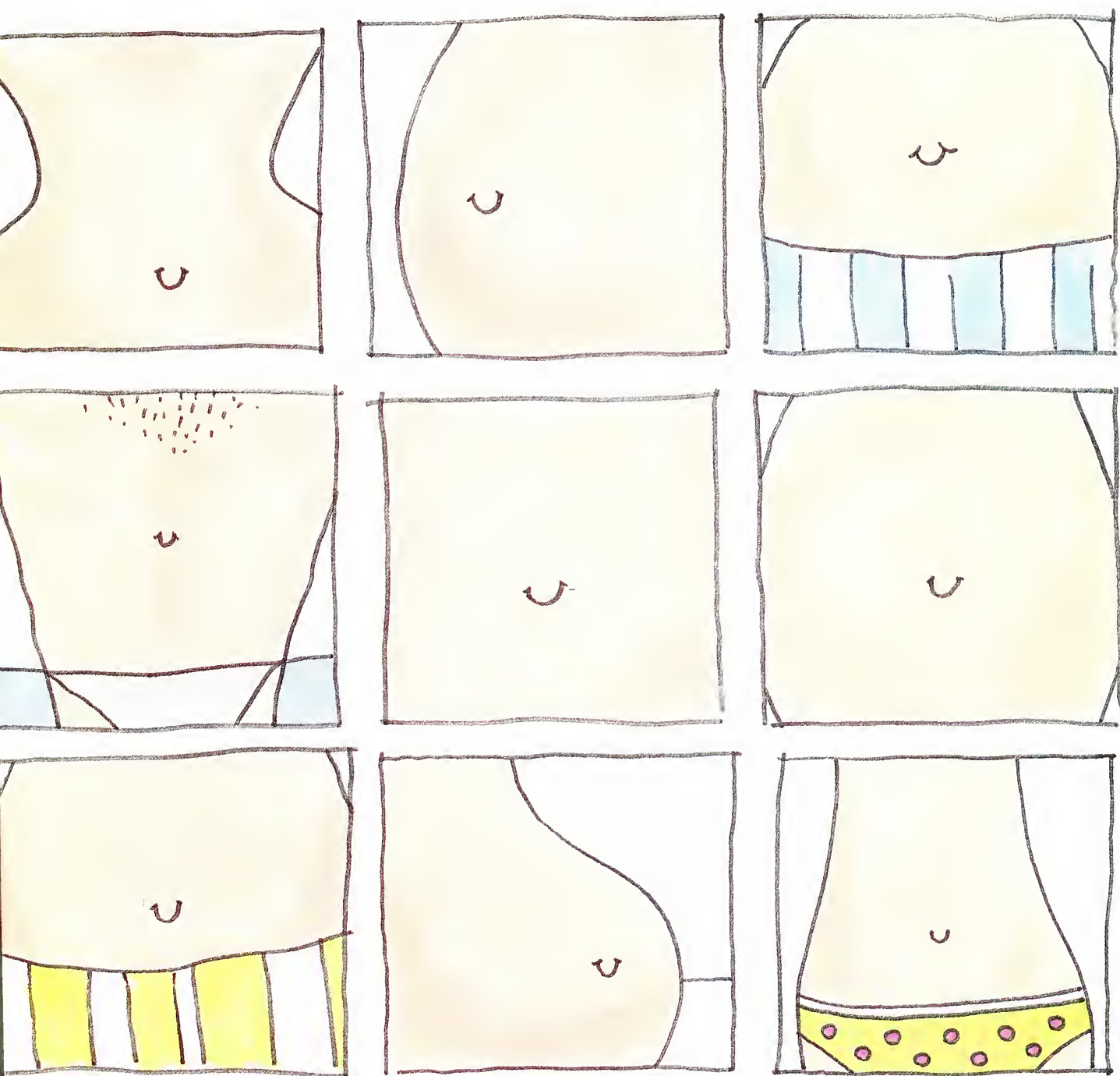
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# Last year Enterosan helped 30% more tummies feel 100% happier.



Sales of Enterosan just keep getting better. Last summer, after a successful relaunch with new packaging, they increased by 30%.

Enterosan is Kaolin and Morphine in tablet form with an added soothing agent. It's a formulation that has long been trusted by customers to stop holiday diarrhoea and upset stomachs.

You can trust the fact that sales will continue to grow, backed by extensive advertising, in-store promotional material and PR activity.

To take advantage of our excellent bonus deal contact your Windsor Healthcare territory manager or telephone 0344 484 448 and we'll put a smile ... on your face.





## Macleans money off vouchers

Coupons offering consumers 40p off purchases of Macleans Active Mouthguard are available on Macleans Freshmint and Mildmint toothpaste.

The coupon appears on the 125ml and 175ml sizes of toothpaste and allows the consumer to try either the original or mint variant of the mouthwash (300ml or 600ml sizes). The promotion will benefit from advertising for both Macleans brands, say *Smithkline Beecham Personal Care*. Tel: 081-560 5151.

## Passport to sweet journey

Simpkins have introduced Passport travel sweets — fruit flavoured drops containing glucose syrup.

They come in five flavours — orange, blackberry, tropical and apple. The packaging and counter display carton are reminiscent of the front of a passport. They retail at £0.30 with a trade price of £4.59 for a 24 packet display carton. *A.L. Simpkin & Co.* Tel: 0742 348736.

## Sanatogen B6 on trial

Fisons Consumer Health are offering pharmacists trial packs of Sanatogen vitamin B6 capsules (£0.50) and free copies of the vitamin booklet "Women's nutritional health and the menstrual cycle".

Each trial pack contains 14 tablets and is available in dozens in a display unit. Free copies of the booklet will slot into the back of the merchandiser. *Fisons Consumer Health*. Tel: 0509 611001.

## Babar prices

Cannon Babysafe would like to point out that the introductory offer trade price for 12 by 8oz Babar feeding bottles is £11.42, and for six trainer cups it is £7.07, and not as stated in *C&D* last week. *Cannon Babysafe*. Tel: 0787 280191.



## Bioceuticals add 1,000mg EPO

Bioceuticals are adding to their Evoprim brand with a 1,000mg strength of evening primrose oil capsules (30 £6.80).

Evoprim, already available in a 500mg strength, is made from cold pressed, solvent-free, clarified EPO, says the company. It is encapsulated soon after collection, with extra

precautions to minimise the oxidation, and stabilised with natural vitamin E. Each capsule contains a minimum 50mg GLA.

POS leaflets are available. The launch will be supported with advertising in *Here's Health*, *Healthy Eating* and *Health and Beauty* magazines. *Bioceuticals Ltd.* Tel: 081-675 5664.

## Wrigley's Extra with fruit

Wrigley's Extra sugar-free chewing gum is set to benefit from the introduction of a new flavour — Wrigley's Extra Fruit.

The new flavour follows the success of Wrigley's Extra Peppermint, launched in February 1990 which has since sold over 40 million packets, says the company.

The majority of dentists agree that chewing sugar-free gum after meals and snacks should be part of an effective dental care routine, say Wrigley. Chewing for 20 minutes after eating can help prevent tooth decay by neutralising plaque acid.

Wrigley are communicating this dental health benefit to



consumers with a television commercial launched in the Granada area. The initial campaign will run for six months at a national equivalent spend of £2.5 million. *Wrigley Co Ltd.* Tel: 0752 701107.

## Roc Summer specials

Roc have repackaged their Creamy Soap in a carton. A new counter merchandiser, containing 12 cartoned soaps, will emphasise its suitability for sensitive skins.

The company has also designed a new shelf-organiser for their Keops deodorant range. A leaflet is also available.

Roc's sunscreen stick is now available on prescription and is presented in a counter merchandiser holding 12 sticks.

**EGL Homecare** have added a large round body sponge to their Caress range. It comes in pastel shades in

To support their Compact Cleanser, Roc are offering a promotion pack (£9.66) with a free 15ml moisturising cream or 15ml Amino-moisturising cream.

Roc are offering consumers the chance to win a break for two at a health hydro. Five three-day breaks are on offer, plus a selection of Roc's skincare products on purchase of Hydra and moisturising body lotion. *Laboratories Roc*. Tel: 0273 517704.

a single or triple pack (£0.62, single). *EGL Homecare*. Tel: 0702 541001.

## Sugar-free Clorets

A new sugar-free mint is being added to the Clorets range in an attempt to attract new users to the brand.

The new variant will join the chewing gum and original mints, retailing at £0.26. It comes in display boxes of 20 and a free stand is available.

Warner-Lambert Confectionery plan an extensive consumer campaign this Summer with over one million samples of gum and mints and "money off Clorets" coupons being given away.

In addition, the brand will be supported by the Hale and Pace "neutralising nasty niffs" advertising campaign to a spend of £3.5 million during 1991, say *Warner-Lambert Confectionery*. Tel: 061-766 5471.

## Dental health roadshows

"Kind to teeth" lollipops and sweets made with the sweetener isomalt are being given away to children visiting the British Dental Health Foundation's dental health roadshow touring the country until July 20.

Products available include sugar-free Pops and mixed fruit drops from A.L. Simpkin & Co, sugar-free rock from Flyde Cost Confectionery and products from Swiss manufacturer Ricola, distributed in the UK by Cedar Health.

Local Press coverage of the event is planned with an emphasis on isomalt, now used in a number of products available through pharmacies. *Isomalt Information Centre*. Tel: 071-839 1461.

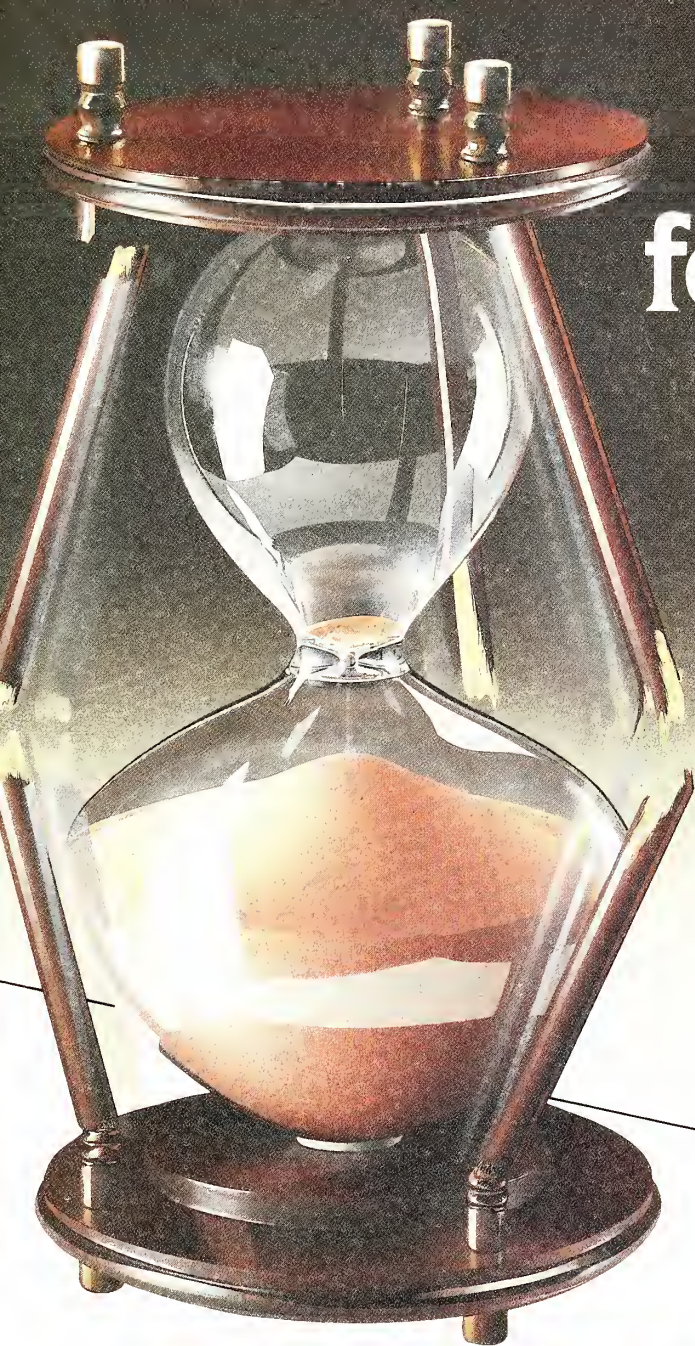
## Special price Wisdom

Addis are running a price promotion on their Wisdom Regular toothbrushes offering consumers the medium and firm textured brushes for £0.75 (normal rsp £0.84).

Individual packs will be price flashed as will the outers which hold one dozen brushes. A display merchandiser for ten dozen brushes is also available.

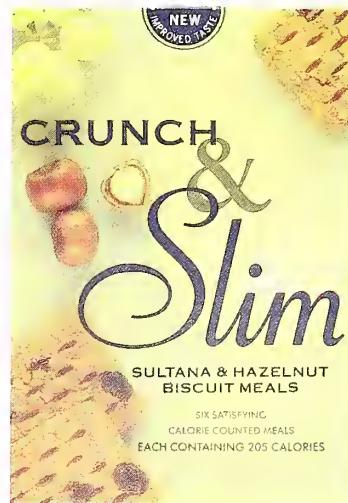
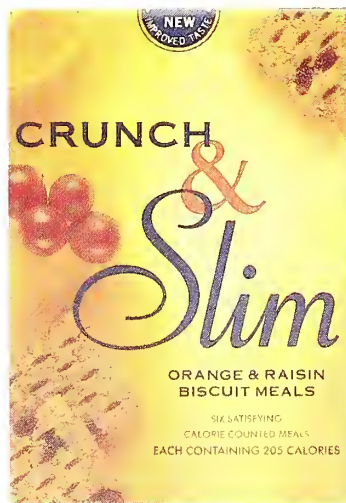
The Wisdom Regular promotional packs will be available until September, say *Addis Ltd*. Tel: 0992 584221.





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# Macleans Sensitive relaunch hits the target



A new pack design with outstanding shelf impact and heavyweight promotional and advertising support: Macleans Sensitive toothpaste enters 1991 with a programme aimed to target the 33 per cent of the adult population who at some time suffer from dental sensitivity.

The sensitivity sector of the toothpaste market is growing by £25 per cent year-on-year\* — it now accounts for over 12 per cent of the £172m toothpaste market yet two-thirds of adults who suffer from dental sensitivity do not currently use a sensitivity toothpaste. Very often this is because they don't understand the problem or believe that a toothpaste can solve tooth sensitivity.

It is this enormous sales potential that new-look Macleans Sensitive aims to capture — and this is an area the pharmacist can really exploit by giving customers informed advice and assistance. Although the core market of this growing sector is men and women aged 45+, tooth sensitivity can occur at any age from the early twenties onwards. It is caused by enamel erosion or gum recession which can happen as a result of over-vigorous brushing, for example, or gum disease.

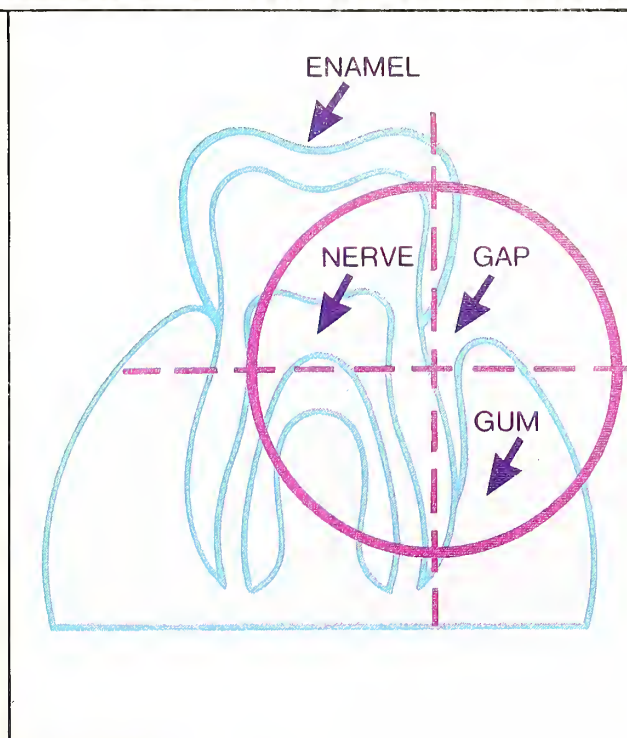
The result is that the tooth's layer of dentine is exposed. Dentine has hundreds of tiny channels which lead directly to the nerve. Whenever the sufferer eats something hot, cold, sweet or acidic the substance stimulates the nerve via these channels and can cause pain. (see diagram)

## Pain relief

Research reveals that, above all, consumers look for fast, effective relief from this unpleasant pain. The pharmacist and the pharmacy assistant can perform an invaluable service to customers suffering from this condition by demonstrating that, contrary to general belief, it is possible to relieve this pain simply by regular use of a correctly formulated toothpaste. The active system in Macleans Sensitive toothpaste is clinically proven to relieve the pain of sensitive teeth — and fast. Its unique active system contains strontium acetate which is proven to be *most effective* at pain relief\*\*. It works by blocking the channels of the exposed dentine, thus creating a barrier between the nerve and any food substance that will effect it. Regular use will help prevent the problem occurring.

Macleans Sensitive fulfills consumer demands in two other important areas too: First, consumers need reassurance that their sensitivity toothpaste is as good as an "ordinary" toothpaste.





Macleans Sensitive contains a clinically effective level of fluoride to protect against tooth decay. Moreover, it carries the Macleans brand name — a recognised and trusted authority in oral care.

It also features a very pleasant minty flavour which, in research, easily outperformed all competitive brands\*\*\* overcoming the general belief that most sensitivity toothpastes taste unpleasant.

The new-look Macleans Sensitive now communicates all these positive attributes with a clean "serious" design that research outperforms the competition on all key parameters:

Its "target" motif visually reinforces its ability to focus relief directly onto the areas causing pain, while the presence of the authoritative Macleans logo gives the reassurance of the brand's heritage. The striking magenta and blue graphics on a white background create excellent shelf stand-out.

### Heavyweight promotion

A heavyweight promotional programme will target consumers suffering from dental sensitivity and dentists diagnosing the problem with a £2m national television campaign as well as extensive sampling. The total relaunch support will ensure a high profile presence for Macleans Sensitive. It will be further reinforced by the considerable exposure the whole Macleans range is enjoying — over £7m plus on national television throughout 1991 — to give consumers further reassurance that, when it comes to caring for teeth at home, Macleans is the brand to use.

**Macleans Sensitive belongs to the Macleans oral care range of products manufactured by SmithKline Beecham Personal Care UK, SB House, Great West Road, Brentford TW8 9BD. Tel: 081-560 5151.**

\* Nielsen Grocery & Pharmacy Data and TGI

\*\* SB Independently Conducted Clinical Trial/BDJ

\*\*\* RSGB



**Philip Paul, director of public relations at the Pharmaceutical Society of Great Britain from 1978-86, reviews his time in office and poses some timely questions**

# Where has all the PR gone? a Lambeth mystery

What has happened to public relations at the Royal Pharmaceutical Society? This is a question perceptive pharmacists might ask after perusing the Society's annual report for 1990. The document contains no mention of PR — a striking change from the custom during my eight years with the Society. In those days many man-hours were spent preparing detailed yearly reports on the major work and achievements of the PR unit.

Some knowledgeable observers might conclude that the seeming disappearance of PR symbolises other fundamental changes in consequence of a transition of leadership from gentle persuasion to a more sombre system.

It is true that the Royal Pharmaceutical Society is not every public relations officer's kettle of fish. When I was offered the job in 1978 I saw it as a refreshing change of style. My previous PR appointments had been as assistant PRO to the Central Electricity Generating Board (where my task was to tell the Great British Public that there is no better thing to have in one's back garden than a nuclear power station or 400,000 volt transmission line); as deputy director of PR at the Post Office (where I was required to persuade the GBP that paying more and more for less and less was a great bargain); and as director of public relations at the Royal Institution of Chartered Surveyors (where I was expected to convince the GBP that estate agents never lie or exaggerate).

## No easy ride

Although knowing little of the pharmaceutical world, I was aware that the community pharmacist ranks highly in the scale of public esteem — a situation distinctly different to the reputations of my earlier employers.

But I did not join the Society for an easy ride. Had I done so I should soon have been disappointed. At a branch representatives' meeting a few weeks after I had taken up my appointment with the Society, when I was still learning about the industry and the profession, an Essex pharmacist launched a scalding attack on the current state of PR affairs. I was defended, magnificently, by the then secretary and registrar, who explained that I was still in the process of acquiring knowledge. He also pointed out that there had been an interregnum of more than a year since the departure of my predecessor. In the corridor, the attacker approached me with expressions of repentance. A classic example of public insult and private apology!

I was swiftly informed about the prevailing attitude to the matters raised at branch reps' meetings. "It's 98 per cent rubbish and two per cent twaddle," a senior member of Council told me. I found it surprising that the Society's ruling body did not consider itself under any obligation to implement the



*Philip Paul*

resolutions that were carried at such meetings.

## Silence while suffering

Another, much less wholesome, surprise was the discovery that mere members of staff, whatever their particular specialities, were required to remain silent at meetings of Council while preposterous calumnies were uttered concerning their duties and endeavours. One individual specialised in attacks on PR in general and me in particular. He never responded to oral or written remonstrances proving the untruth of many of his statements.

The PRO was also required to make bricks without straw. It was evident that the profession needed a symbol or logo by which its members could become instantly recognisable to the public. A grant of arms is useless for this purpose because such devices are indistinguishable from one another at a distance. But it was made clear to me that the Society was not prepared to expend any significant sum on the production or dissemination of an emblem.

Using contacts obtained through a friend (the corporate identity expert at the Post Office), I briefed three professional design teams and a range of ideas was submitted to the Council. They chose the now-famous striated green cross, which became the Society's copyright. But again I was told that the Council would not sanction the expenditure required to make it available to the membership.

Grappling with this dilemma, I devised a scheme whereby a 12in square adhesive

plastic version of the symbol was provided to pharmacies without cost to the Society. This was achieved by granting exclusive hardware manufacturing rights to a reputable signmaker for a period of two years, in exchange for which the plastic version was supplied gratis.

## Press coverage

"We never get as much press coverage as the British Medical Association. You aren't trying hard enough." This was the repeated comment made to me by governing pharmacists who could (or would) not comprehend that news editors require news. The major push in the Society's Press relations occurred with each year's annual conference, when up to 20 releases were put out, summarising the most interesting papers being given on those occasions.

Came the day when the then president decided to include in his conference presidential address some forthright views about the doctor/pharmacist relationship. It made national Press headlines and gave cartoonists a field day. The president asked me to acquire some of the original drawings for him.

Were my masters pleased at last? Of course not! At the next monthly meeting of the Organisation Committee (to which I routinely reported) I was accused of rupturing the Society's relationship with the BMA! To add injury to insult, the president then declared it wasn't the sort of publicity that was wanted! And to make sure I realised the error of my ways, a senior officer informed me that I should have instructed the president not to make critical remarks about doctors!

## NPA in action

I was asked to advise on the old, vexed questions of improving the relationship between headquarters and the membership and how individuals could be induced to take part in their local branch activities. I made the point that a professional body which on the one hand demanded fees for the right to practise while on the other, wielding statutory disciplinary powers, should not expect to become the flavour of the month with its members. Medicine has not separated its professional bodies from the disciplinary process without good reason.

As to individual apathy, it is a malady common to most organisations. There is nothing reprehensible about the pharmacist who, having qualified, decides to get on with his, or her, career without organisational involvement. But much could be achieved, internally and externally, by a major promotional Press and television advertising campaign, I recommended. Members'





subscriptions could not be spent for such a purpose, I was told. Soon afterwards the enterprising National Pharmaceutical Association took action that established the accuracy of my advice.

Management consultants were brought in (at a handsome fee) to sort out the problems of staff structure. They knew nothing about PR and had no wish to learn. My functions were down-marketed. No information was forthcoming on such mysteries as why the director of finance should also be responsible for personnel. (More recently, the Society has appointed a personnel officer).

### Pharmacies now main PR source

The friendly helpfulness of most of my workaday colleagues (and *some* members of Council!) ameliorated the fact that the Society is permeated by a subtle "them and us" freemasonry (those who are, and those who are not, pharmacists). This was manifested in sundry ways, such as the PRO not qualifying as a head of department, and so not being admitted to discussions of policy or organisation. This anomaly was made the harder to understand by oddities such as the print buyer (not a pharmacist — and with other responsibilities) being ranked as a department head.

Despite it all, I believe I sometimes enjoyed the rough and tumble of life at Lambeth, regardless of the petty squabbles. (One starchy branch secretary reported me to the secretary and registrar because I refused to give a talk to that branch on a Sunday. I explained that my engagement specified employment from Monday to Friday, that my weekends were otherwise occupied and available to the Society only in emergencies or for special events such as the annual conference. I was exonerated!)

Looking back, the weaknesses are clear. In my view the Society cannot hope to enjoy a fully successful public relations programme until it allows an experienced senior PR practitioner, who is given overall responsibility for *all* the organisations communications, including its publications, a much freer rein. Until that happens there can be no question that the major contribution to the profession's public image comes from Britain's community pharmacies, not from Lambeth.

In meeting the challenges of the future, the working pharmacists "in the field" will need to draw on their well-earned reservoir of public goodwill.

*Philip Paul is now a public relations consultant and investigative author.*

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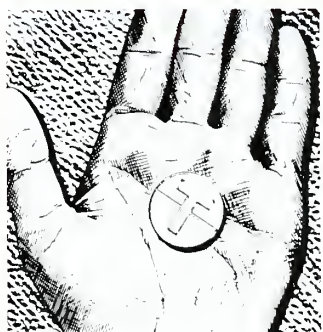
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# PHARMACY update



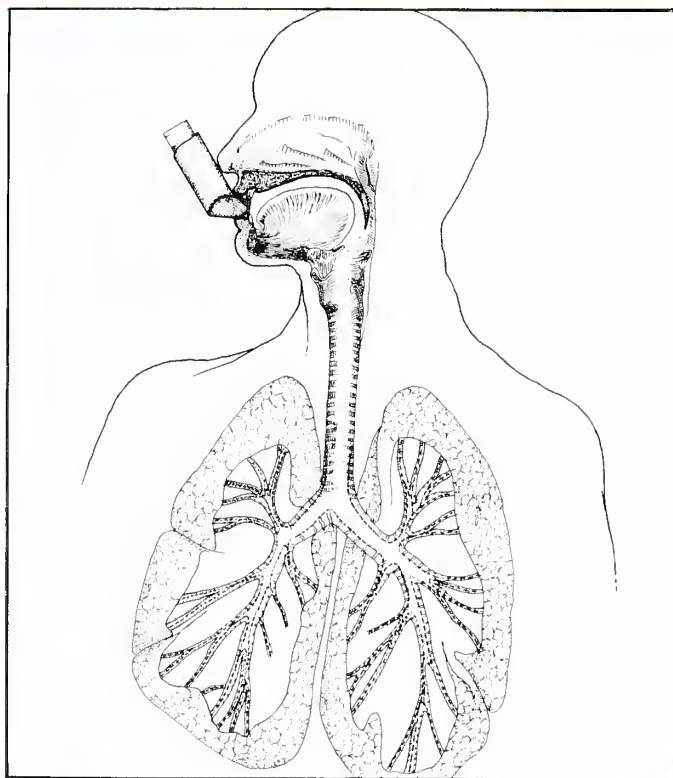
## Vitamins' inverse link to cancer

Further epidemiological data suggesting an inverse association between vitamins and death from cancer has emerged from Switzerland. Between 1971 and 1973, the plasma concentrations of vitamin A, C and E and carotene were measured in 2,974 men working for three pharmaceutical companies, whose health records have been monitored ever since.

By 1985, 204 had died of cancer; these men were significantly older and more likely to be smokers than the survivors. The mean serum concentration of carotene was significantly lower among men who died of cancer of the bronchus or stomach; vitamin A and C levels were lower in those who died of stomach cancer (after allowance for age and smoking). Low vitamin C levels were a significant risk factor for gastrointestinal cancer in men over 60 years old. However, there was no significant difference from survivors in levels of vitamin E.

These data do not prove or disprove that vitamins protect against cancer; the vitamin status of those who did may, for example, reflect an unhealthy lifestyle, poor nutrition and bad health. However, these vitamins are antioxidants: they might protect against the carcinogenic effects of free radicals.

*American Journal of Epidemiology* 1991;133:767-75



## Asthma compliance still poor

Some of the recent concern about the safety of inhaled bronchodilator therapy in asthma centres around the inappropriate use of inhaled steroids. Many patients are believed to comply poorly with prophylactic anti-inflammatory therapy, depending instead on the prompt symptomatic relief of bronchodilators.

Just how bad this problem might be is indicated by clinical trials in which an electronic device in the inhaler records the time and date of each actuation. In trials assessing the efficacy of lodoxamide, an anti-inflammatory agent resembling cromoglycate, and a steroid, tiotropium pivalate, patients were instructed to take one or two puffs four times daily. They were told that compliance would be monitored, but not how.

The subjects used the inhalers inappropriately on 60-78 per cent of the days of the study,

comprising approximately one-third over-use and two-thirds under-use. Although the number of puffs taken per day was correct, multiple simultaneous activations were recorded by a third of patients. There may also have been an intention to conceal the poor compliance, because days of overuse tended to precede a follow-up visit by the investigator or follow several days' underuse. Overall, only one of the thirty-four patients was judged fully compliant.

Poor compliance occurred in these studies even though the patients knew they were being monitored and regularly followed up by the investigators. Inadequate education and motivation could explain the results but the prognosis for the wider use of prophylactic inhaler therapy in circumstances with less supervision is not good.

*Annals of Allergy* 1991;66:294-9

## Old drug, new tricks

Withdrawing from chronic treatment with benzodiazepines is difficult for many people and approximately 40 per cent fail. Many drugs have been tested to discover whether they improve the success rate, including propranolol, clonidine, and buspirone; none have proved very effective. However, there is uncontrolled evidence that carbamazepine does work and it has also proved effective in reducing the symptoms of alcohol withdrawal. It has now been more rigorously assessed in a double-blind, placebo-controlled study.

Fifty five patients taking the equivalent of up to 40mg of diazepam daily for an average of five years were randomised to receive placebo or carbamazepine 200-800 mg/day, according to their tolerance of its adverse effects. After one to two weeks, the dose of benzodiazepine was reduced by 25 per cent per week over four weeks; carbamazepine was continued for a further two to four weeks.

Fifteen patients, evenly divided between the groups, withdrew from the study; they were subsequently found to be significantly more anxious and depressed than the remainder of patients. Of the other forty patients, 95 per cent of those treated with carbamazepine had been able to discontinue benzodiazepines after five weeks compared with 62 per cent taking placebo; and there was a trend for patients taking placebo to experience worse symptoms, particularly in those taking more than the equivalent of 20 mg/day of diazepam. At 12 weeks, the difference between the groups was no longer significant and equal numbers of patients needed treatment with antidepressants.

Carbamazepine therefore appears to help with the early phase of withdrawal from benzodiazepines, particularly from high doses. However, not every patient could tolerate it — six of the withdrawals were due to adverse reactions.

*Archives of General Psychiatry* 1991;48:448-52



## Neurotensin identification brings hope for psychotics

There may be an endogenous neurotransmitter which modulates dopamine and which may act as an antipsychotic agent. Neurotensin is a tridecapeptide which occurs in the central nervous system, particularly the hypothalamus, the limbic system and the substantia nigra. In animal experiments, central administration of neurotensin mimics the effects of neuroleptic drugs. In man, low neurotensin levels have been measured in drug-free patients with schizophrenia.

Neurotensin has now been measured in the cerebrospinal fluid of 20 patients with

schizophrenia or other psychotic illness, before and after treatment with lithium or haloperidol. Compared with normal controls, there was a trend towards lower neurotensin levels among patients; overall, levels were significantly lower among women than men.

Neurotensin levels more than 40 per cent below the mean were associated with worse symptoms of hallucinations and thought and behaviour disorder. Differences in neurotensin levels were not correlated with response to treatment except in women, in whom levels were low among

those who responded only slowly to haloperidol. In four patients who consented to a second lumbar puncture, neurotensin levels increased after neuroleptic treatment.

This study confirms an association between neurotensin and symptoms of psychosis, though why the changes should be more marked in women is unclear. Nonetheless, the identification of this neurotransmitter now enables a new class of drugs to be designed with potentially more specific neuroleptic properties.

*American Journal of Psychiatry* 1991;148:484-8

## Occluding steroids for oral ulcers

Oral ulcers are painful and difficult to treat: often, they resolve spontaneously but sometimes they are extensive and persistent. This is particularly true of ulcers associated with systemic disease, as a recent case report shows.

A woman presenting with extensive oral ulceration and gingivitis was found to have lupus erythematosus; attempts to treat the oral lesions with topical steroids failed because it proved impossible to achieve sustained contact.

The problem was overcome by constructing a vinyl prosthesis of the type available at any dental surgery, which fitted over the upper and lower teeth and gums, covering the ulcers; fluocinonide gel was then applied and occluded under the prosthesis three times daily. On average, the prosthesis was worn for 20 minutes after each meal, tapering off or increasing the duration of exposure as required. Significant healing of the ulcers occurred within four days and was subsequently maintained by intermittent use.

*Archives of Dermatology* 1991;127:479-80

## Topical NSAIDs act 'systemically'

Topical non-steroidal anti-inflammatory drugs have proved very popular since the introduction of felbinac gel in 1988. The advantage of these formulations is that they achieve a therapeutic effect with a lower risk of adverse reactions — although bronchospasm has been reported with topical NSAIDs. Systemic absorption is low, suggesting that the effects are due to a direct local action on the joint. A double-blind study from Germany shows this is not so.

Ten people with bilateral joint effusions applied diclofenac gel to one knee and placebo gel to the other three times a day for four days; drug concentrations were

sampled in blood and synovial fluid. The concentration of diclofenac in synovial fluid was greater, but not significantly so, in the treated knee; however, the concentration of diclofenac that was not protein-bound — that is, active drug — was the same in both knees and in plasma. Inflammation and mobility improved equally, irrespective of application of diclofenac or placebo.

This evidence suggests local absorption of gel is not the major route of access to the joint. Instead, it appears that the drug is absorbed systemically and distributed to both knees by the blood. Blood levels in this study

corresponded to absorption of approximately one-sixth of the usual oral dose. The gel is therefore an effective way of providing symptom relief at low doses. However, the importance to the patient of applying the gel directly to the painful joint should not be underestimated.

*British Journal of Clinical Pharmacology* 1991;31:537-41

## Under-reporting on yellow cards greater than estimated

It is widely assumed, on the basis of old research, that only one in ten adverse reactions is spontaneously reported to the Committee on Safety of Medicines (CSM). This failure rate seems high but a comparison of spontaneous reporting with monitoring of adverse events suggests that the true situation is worse.

Pooling data from post-marketing surveillance studies involving 44,000 patients, 8,000 GPs and six different drugs, the number of adverse events recorded as part of routine clinical monitoring was compared with the number of adverse reactions reported on separate forms at the discretion of the GP.

Only 2 per cent of adverse events were also reported spontaneously. While this is understandable for minor reactions like rash, it was also true for a severe reaction such as myocardial infarction and an important reaction like photosensitivity. And, although

some symptoms were more commonly associated with an NSAID than a bronchodilator by event monitoring, the reverse was true of spontaneous reporting.

These findings can be criticised on the grounds that the circumstances were not comparable with the normal consultation. However, the participating doctors had been reminded of their obligation to complete yellow cards. This report does not specify whether the drugs concerned bear the CSM's 'black triangle' which indicates whether all or only new and severe adverse reactions should be reported; the importance of this scale of under-reporting is therefore uncertain. However, it does emphasise the need for caution when interpreting yellow card data.

*Research Digest* is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at current developments in medicine.

## Radical heart therapy

There are theoretical grounds for believing free radicals are important in the pathogenesis of congestive heart failure, a condition affecting 1 per cent of the population and which carries a mortality of 35-60 per cent. Heart failure is associated with myocardial ischaemia and increased production of prostaglandins and catecholamines, all of which favour free radical production. Free radicals inhibit calcium ion binding and may impair muscle contractility, exacerbating the underlying cardiac failure.

Free radicals are too reactive to measure directly; instead, their presence can be inferred from the levels of oxidised fatty acids. In 45 patients with heart failure and atherosclerosis, the plasma concentrations of these products

was significantly higher than in controls matched for age, sex and smoking. In addition, there was a significant correlation between the concentration of plasma thiols (an index of the oxidative state of the extracellular environment) and the ventricular ejection fraction.

These data demonstrate an association but do not prove a causal link. Further work is required to establish whether reducing the production of free radicals improves heart failure. However, it is interesting that some drugs used to treat heart failure — for example, captopril — are scavengers of free radicals, though it has not been shown that they are more effective in the long-term.

*British Heart Journal* 1991;65:245-8



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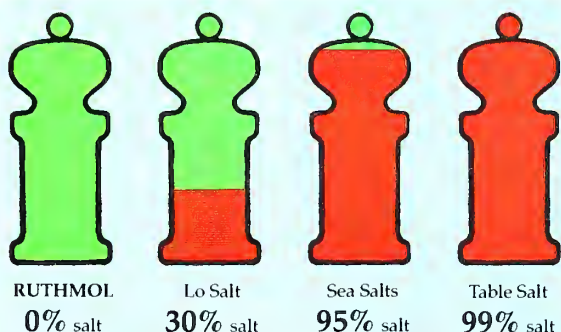
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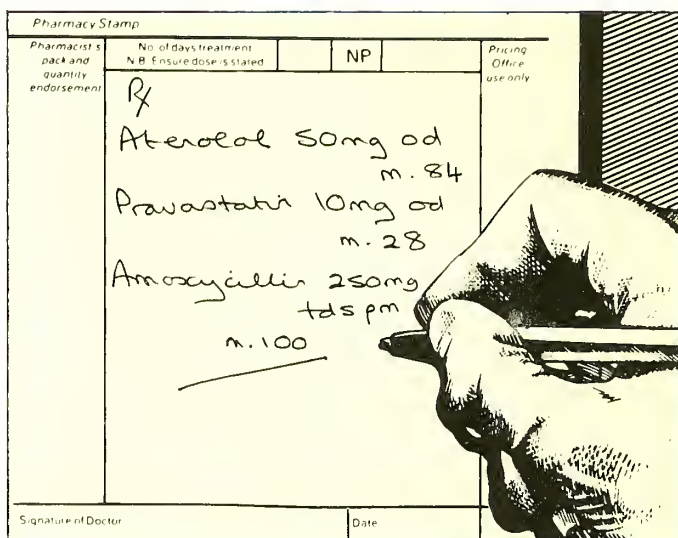


\*Recent (April 1991) Medical Research  
reports that up to 65,000 lives and much  
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**A retired miner, with bronchitis and a violent and  
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giving him bad dreams. You discover that he's been taking  
amoxycillin for two years, atenolol for five years and  
pravastatin for one month**

# Q&A



## QUESTIONS

1. Other than drugs, what could account for the dreams?
2. What role might the drugs play?
3. Do you suggest any change in drug therapy?
4. What non-drug measures can you suggest?

## ANSWERS

1. One explanation for an apparently sudden onset of dreams is a reduction in the quality of sleep. As well as many social factors, this could be due to poor or interrupted sleep caused by an exacerbation of bronchitis – his coughing suggests that he probably has a chest infection.
2. It has been claimed that some acetyl co-enzyme A reductase inhibitors impair the quality of sleep but there is no convincing

supporting evidence. The temporal link between the onset of dreams and the use of pravastatin is therefore probably irrelevant though the possibility should not be excluded. Sleep disturbances are rarer with atenolol than with many other beta-blockers and it is unlikely to give rise to complaint only after two year's use. Amoxycillin is unlikely to have a direct effect on sleep. However, it may be ineffective in treating an acute exacerbation of bronchitis (resistance is common and may have developed after such prolonged use) and that could account both for the current chest infection and the disturbed sleep.

3. The use of amoxycillin should be reviewed in the light of bacterial sensitivity tests; an alternative antibiotic or an increase in dose may be necessary. Pending the results of the test, an alternative antibiotic should be substituted to clear the present infection. The use of pravastatin should be kept under review.

4. You should also ask whether he smokes and provide appropriate persuasion and help if he does. He may also need physiotherapy to improve his chest infection.



## Locums retaliate

I have read with growing concern your article (*News*, last week), on the possible loss of self employed status for locums. I know that these developments must be of serious concern to both locum pharmacists and the many proprietors that use their services. If locum pharmacists were to lose their self-employed status, this would have appalling consequences for all concerned.

The only way locums could continue to move freely among the different employers — and employers use their services without the encumbrance of PAYE administration — would be through the use of a locum agency that could take locums onto a central payroll. This would inevitably be to the commercial advantage of the larger agencies such as Provincial Pharmacy Locum Services, as many of the smaller operations would be forced out of business under the weight of the administrative, contractual and financial implications.

As was so rightly pointed out in your *Comment* of last week, sectional interests cannot possibly be in the interests of pharmacy. The net result of a blanket ban on self-employed status in pharmacy would increase very substantially the global cost of employment in pharmacy. Are we simply going to stand by and let it happen?

Historically local tax inspectors' decisions have caused some irritation to some pharmacy proprietors in various parts of the country. Sometimes their rulings have been accepted and, in other instances a local inspector can be persuaded to reverse a decision — indeed we have been involved in several such negotiations.

This latest Revenue investigation, however, should not be mistaken for one of the small and local forays of the past.

Here we have a central initiative launched by the "Specials" department of the Revenue. This same department was responsible for the severe disturbance of self employed status for opticians a couple of years ago. The "Specials" *modus operandi* is to attempt to change employed status for whole industries. First they take on the multiples and then, if successful, they systematically work all the way through the smaller, and in theory weaker players, once a precedent has been set. They are often helped in their task by the fact that none of the groups, who are inevitably in competition, are keen to co-operate with each other, or in some cases even to communicate to others that they are under scrutiny.

In pharmacy one of the "giants" has already been forced into submission, and much to their displeasure can now only use locums on an employed basis. Another very large multiple is in fierce combat with the Revenue, defending the right to self employment. It is a major concern that these developments are taking place and sad that there is so little dialogue between the different pharmacy groups.

On my initial approach to the National Pharmaceutical Association, I was told that since the NPA can only protect the interests of its members, it cannot take action in a big way until its members have a problem. At that stage it may be far too late!

Recently a major chain of opticians called Specialeyes has taken the Revenue to a special tax commissioners hearing which has overruled a revenue imposition. It would appear that pharmacy, too, can take steps to defend itself.

Through parliamentary contacts, we at PPLS have established that HM Treasury are against any such "blanket implementations" of employment status. Furthermore, we have been advised by top tax counsel that if a united stand could be mobilised our chances of success

would be far greater than the one by one skirmishes seen at the moment.

First we recommend that proprietors register their concerns with the NPA. Two of the largest multiples have already had problems, the NPA members will be next. Pre-emptive action is needed on a national level.

Perhaps it is time that the Company Chemists Association organised a single unified approach to the problem. Use of their combined resources must surely make sense.

Any concerned locums may contact us to receive printed guidance suggesting practical ways of avoiding activities that would render the locum an employee. Furthermore in coming weeks we will be organising meetings to bring locums right up to date with these developments. It is our intention to launch a locum fighting fund to enable us to take on the top tax experts and parliamentary advisors so that locum pharmacists too can launch their own united defensive action. Pharmacists who want to join in should contact us for details.

Referring again to your leader of last week: "United we stand, divided we fall".

**Mark Koziel**

*Managing director, Provincial Pharmacy Locum Services*

## Economies?

The Royal Pharmaceutical Society proposes to raise fees once again. Are all these increases necessary? Are we getting value for money? Judging by the past, there seems little likelihood that the Privy Council will fail to approve the fee proposals!

From the RPSGB accounts for 1990 I see that "general administration" cost £252,000 more that year than in the

previous year — an increase of 17 per cent approximately. I note that office expenses and salaries rose by £111,000 (18 per cent approx), and staff superannuation and pensions jumped by £81,000 (46 per cent approx).

In this time of recession many companies have been forced to look minutely at costs and at possible economies. Are our Council members doing this? I hope the new members will instil a philosophy of value for money.

Between 1989 and 1990 income from members and premises fees rose by £533,000. Was this justified? Could a retail pharmacy stand the increase in administration costs the RPSGB accounts reveal? The rises are far above inflation. Pharmacy proprietors have to adjust expenditure to income. How easy their life would be if business affairs could be run on RPSGB lines. If we all voted appropriately at the next election maybe we could encourage change?

**Eric A. Jensen**  
Brighton

## Different

I refer to Xrayser's Topical Reflections in *C&D* June 15, and write to point out that contractors North and South of the Border do not have the same "employer".

As far as contractors are concerned, just as there are separate NHS Acts and Regulations in Scotland, and in England and Wales, the "employers" are decidedly different. In Scotland, negotiations are conducted with the Scottish Office, Home and Health Department, which is a separate entity from the Department of Health in England.

**Dr. C. Virden**  
Secretary, PGCS



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# BUSINESS NEWS

## 70 MPs sign patent motion

British pharmaceutical companies would gain £30 million a year if the European Commission's proposal to extend the effective patent life to 16 years were to be implemented, according to the Government.

The estimate was given by Junior Health Minister Stephen Dorrell last week when he defended the Government's attempts to limit patent protection for new drugs to 13 years.

Dr Lewis Moonie, the Labour MP who has worked in the pharmaceutical industry in both marketing and research, disputed the £30m figure and maintained the European Commission has struck the "right balance" in suggesting a 16 year period.

More than 70 backbenchers have now signed a cross party motion expressing support for the Commission's proposal and many of them believe the Government will eventually make a limited concession to their point of view.

Mr Dorrell rejected suggestions that any extra costs falling on the NHS through the extension of patent protection to 16 years could be recouped through changes to the pharmaceutical price regulation scheme. He stressed that the PPRS controlled profits and not prices. Extended patents could lead to price fixing, he argued.

## Healthcare helps AAH ride out recession

AAH Holding's pre-tax profits have fallen 12.5 per cent to £28.7 million, largely due to interest charges associated with the development of the now defunct Meditel operation and the cash funding of acquisitions. Unaudited results show trading profits for AAH Holdings almost static at £32.9m, against £33.3m last year.

**Sales up 11pc to £1,122.3m**

**Pre-tax profit down 12.5pc to £28.7m**

**Earnings per share down 10.5pc to 29.7p**

**Final dividend up 10pc to 9.9p**

**Healthcare services:**

**Turnover up 12pc to £922.2m**

**Trading profit up 9pc to £22.4m**

The company paid interest charges of £4.2m compared with £500,000 the previous year, and the accounts include an extraordinary charge of £13.3m to cover the write-off and withdrawal costs of Meditel.

While recessionary pressures have hit AAH's cyclical businesses such as building supplies and transport services, AAH's core businesses in healthcare remained solid. Sales increased by 12 per cent to £922m and healthcare services achieved record trading profits of £22.4m, a rise of 9 per cent on the previous

year. The company now has 129 retail pharmacies.

The company's manufacturing business, which includes the packaging of generics, manufacturing own-label products and exporting has also increased both its sales and profits.

Mr Pybus expressed disappointment at the withdrawal from the Meditel medical data business. "Although we were securing contracts, the revenue was insufficient to fund the extension of the database without significant cash injections."

AAH Holdings have announced a final dividend of 9.9p making a total for the year of 14.85p. This is the 22nd consecutive year in which the dividend has been raised.

• ICI Pharmaceuticals (UK) have chosen AAH Pharmaceuticals to distribute all ICI and Stuart Pharmaceutical products to hospitals. The business is thought to be worth between £15 and £20 million.

The move represents a change of strategy for ICI, who have delivered directly to hospitals in the past. But it is believed to reflect a desire among hospitals to reduce their stock holding in the wake of the NHS reforms.

The AAH agreement will allow hospitals to order at more frequent intervals. When AAH take on the distribution on July 1 they will be offering next day delivery as standard.

While AAH Pharmaceuticals are reluctant to claim sole distributorship, the pricing structure, including contract pricing, is likely to ensure they do not face serious challenge in this market.

AAH Pharmaceuticals' managing director David Taylor said: "The product portfolio of ICI Pharmaceuticals (UK) is an excellent fit for our established hospital service."

ICI Pharmaceuticals are strong in cardiovascular medicine, anaesthetics and oncology.

## Co-ops plan merger

The East Mercia Co-operative Society is planning to merge with the neighbouring Coventry and District Co-operative Society to form an £80 million a year business.

EMCS is a corporate shareholder in National Co-operative Chemists and their chief executive, Hughie Todner, is also chairman of NCCL. CDCS operate two pharmacies.

"The move will put two financially strong societies together and the savings will be considerable," Mr Todner told C&D. If the merger is approved by the societies' shareholders Mr Todner will be chief official of the new society.

## SB put £20m in penicillins

Smithkline Beecham plan to invest almost £20 million to increase their production capacity of Augmentin and Timentin. At the end of 18 months the company expects to have almost twice the production capacity for the drugs.

Investment is to take place at SB's two major UK pharmaceutical plants, at Irvine, Ayrshire and Worthing, Sussex, to increase production of potassium clavulanate, an ingredient of both Augmentin and Timentin as well as the animal health product Synulox. Production from these factories is exported around the world.

Sales of Augmentin rose by 34 per cent last year, while those of Timentin were up 14 per cent. Both projects come on stream mid-1992.

Gerald Brooks, chairman and chief executive of Sants, is the current chairman of Onward, with David Linney, managing director of Phillip Harris Medical, as vice chairman. Jennifer Goldstraw, administration director of Sants, is the association's secretary.



In agreement: (left to right) ICI Pharmaceuticals Mike Gatenby and Tom Miley with AAH Pharmaceuticals' managing director David Taylor and Terry Scholes of ICI following the hospital distribution deal



## Return to practice

North West Thames Regional Pharmaceutical Services are offering a return to practice course for hospital and community pharmacists.

The programme begins with five study days (September 19, 25, October 1, 2, 9) in Watford. Closing date for applications is August 30. For details call Claire Anderson on 0865 742277 ext 27177.

## Grampian and Macarthy: the phoney war continues

With the first deadline for uptake of Grampian Holdings paper offer for Macarthy past last Thursday Grampian are expected to have acquired very little of the share capital of the owners of Savory and Moore. Grampian chairman Bill Hughes admitted to *C&D*: "Everyone keeps their powder dry at this stage." As *C&D* went to press he was expecting to extend the offer for another two or three weeks.

Meanwhile Macarthy chief executive Ian Parsons detects "a general lack of enthusiasm by analysts and shareholders alike for the offer".

At the moment nothing has changed, Mr Parsons told *C&D*. However, he admits Macarthy are under pressure to bring forward their half year results.

With Macarthy's defence document out and a rebuttal issued by Grampian, the gloves are off. Few observers expect to see Macarthy go for the offer price of 206.4p a share — the share price was 231p as *C&D*

went to press — but Mr Hughes insists he has seen nothing to make him believe Grampian have under-valued the business. "We made our bid at significantly above the market price at the time and we cannot see any further value in the business. "Farillon's return on capital is abysmal. 11 per cent in the last three years is less than you would get in a building society."

Mr Parsons argues that the Macarthy approach has to be business as usual. "We started to put together a strategy for the group in August 1989, and it has involved investment in manufacture, disposal of the pharmaceutical wholesaling operation and further investment in and expansion of the retailing business.

"Growth is the name of the game in the veterinary scene. The fortunes in our once-troubled veterinary division have been transformed. The extent to which we are growing must be hurting somebody."

## Pharmacist's phonesaver

A Birmingham pharmacy is marketing a device which automatically switches phone calls from BT to Mercury when the Mercury call is cheaper. The device plugs in between the subscriber's phone or fax and the telephone point.

"It all started with us having to transmit orders to Unichem at Chessington; sometimes we were finding we had to do this at noon," said Pankaj Sodha of Knights Chemists. Then he discovered the Smart Socket.

"The advantage of Mercury is that they charge by the second, and as data transmission is very fast, we make a considerable saving." He emphasises that the Smart Socket is for people who are on the normal BT system who simply want to tap into Mercury when it is cheaper, though the subscriber will have to pay an annual charge of £7.50 plus VAT for joining the Mercury network.

The BT-approved socket costs £87.25 plus VAT. Knights Chemist; tel: 021-477 4646.

## Unichem hit the road

Unichem are organising a series of Summer roadshows in a bid to boost sales and raise the profile of Unichem pharmacies.

The shows, in shopping centres and station forecourts, will feature videos, posters, sampling, competitions, giveaways and voucher offers.

The venues (three days at each) are Croydon (starting June 20), Bristol (June 27), Newport (July 4), Coventry (July 11), Warrington (July 18), Livingstone (July 25), Southend (August 1), Portsmouth (August 8), York (August 15), London (August 22) and Newcastle (August 29).

### Wednesday, June 26

**The Chenies Herb Society.** Inaugural meeting at Chenies Manor, Rickmansworth at 7.30pm. Introductory talk by Dr Peter Houghton, pharmacognosy department, Chelsea College on "New and established herbs in pharmacy and medicine". Details from Keith Jenkins, tel: 0296 623555.

### Advance information

**Centre for Medicines Research.** "Pharmaceutical research and development: returns and risks" by Professor Henry Grabowski. Annual lecture and dinner at the Royal College of Physicians, July 1 at 6pm. Details from Marie Maynard on 081-643 4411.

**The Society for Drug Research.** "PAF antagonists" at the School of Pharmacy, Brunswick Square, London on July 18. Details from Barbara Cavilla on 071-581 8333.

**IPEX 91 Irish Pharmacy Exhibition.** Main Hall, RDS, Ballsbridge, Dublin, July 14-16. Details from John Palmer (Exhibitions) Ltd on (01) 694022.

**Medical & Clinical Education & Conferences.** "Current issues in cardiovascular medicine", National Heart & Lung Institute, London, July 24-26. Details from Christine Bull on 0708 745042.

**The provisional estimate** of the index for retail sales volumes for May stands at 118.5 (1985=100), 3.5 points below the figure for May last year.

## Good start for Seton

An increase in pre-tax profits of 38 per cent is the highlight of the first end-of-year results for the Seton Healthcare Group following their successful flotation last year. Unaudited preliminary results record turnover up 12 per cent to £30.5 million.

**Sales up 12pc to £30.5m**

**Pre-tax profit up 38pc to £3m**

**Earnings per share up 17pc to 12.5p**

**Total dividend 3.7p**

The chairman of the group, Norman Stoller, said the overall performance for the year has been highly satisfactory.

The company's healthcare division has continued to perform well, though sales to UK hospitals showed only a marginal improvement on the previous year, "underlining the cash

constraints in the NHS".

Seton are targeting more resources on prescribable products for use by patients in the community. "We are encouraging their prescription through our daily contact with district and practice nurses," says Mr Stoller. Satisfactory growth is being achieved, he says.

Seton have now completed their integration of the Oldham Pan Med business they acquired in 1989, which produces made-to-measure garments for the treatment of burns.

Fully diluted earnings per share for the company are up 17 per cent to 12.5p. Seton have announced a total dividend for the year of 3.7p, equivalent to 4.4p for a full year (the shares were listed for less than two months prior to the half year end), a rise of 17 per cent.

**Farillon have been** appointed distributors for Dental Health Promotions. In future, all orders for Fluor-a-day tablets should be sent to Farillon in the normal manner, says the company.

**Searle Consumer Products** have changed their telephone number to 0494 521124.

**Regina Royal Jelly** have changed their name to Regina Health to reflect the broadening of their product range.

**Bay & Vissing**, the Danish manufacturer of the Tandex oral hygiene range, have opened new premises in the UK at 79 Station Road, West Wickham, Kent BR4 0PX, tel: 081-777 9977, fax: 081-776 1829.

**Preliminary results for Proteus International**, a company which specialises in molecular modelling software (*C&D* May 26 1990, p941) show a loss of £1.5 million. However, the company had a cash balance of £2.1m at the end of March this year.



# Slow growth ahead

The April retail sales figures, and first quarter national output data, confirm that there has been no improvement in the economy since interest rate cutting began last Autumn.

Certainly the tiger of inflation looks to have been tamed, with the "headline" rate falling from 8.2 per cent in the year to March, to 6.4 per cent in the year to April. But even here the picture is not as rosy as it at first appears.

The latest retail price index is heavily distorted by lower mortgage interest rates and the effects of poll tax and VAT changes.

Look at more recent and

underlying inflation rates, and the picture shows prices increasing at an annual rate of 7 per cent or more — higher than at the beginning of the year.

For pharmacy goods, the all-items price index shows that the rate of increase fell at the turn of the year but is now moving sharply upwards, at an annual rate of more than 10 per cent.

According to the official data inflation in wholesale prices has continued rising in recent months; yet business surveys suggest that price rises of manufactured goods are decelerating sharply.

In the case of pharmaceutical goods UK producer prices have

fallen back steadily since the beginning of the year, with the annual rate of increase down to 1.4 per cent in April.

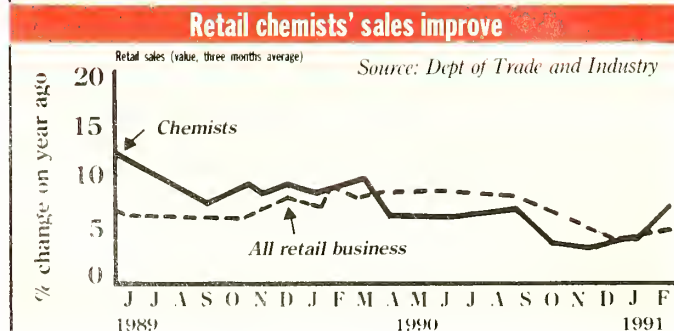
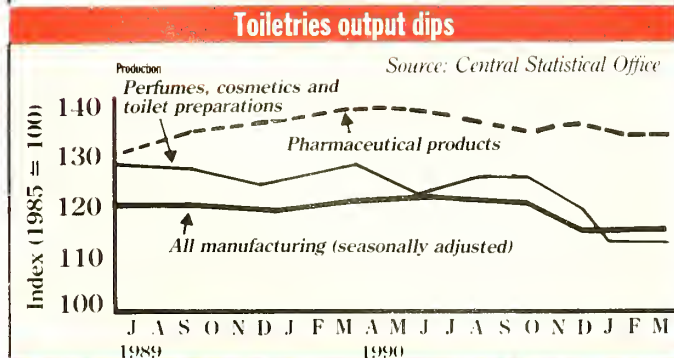
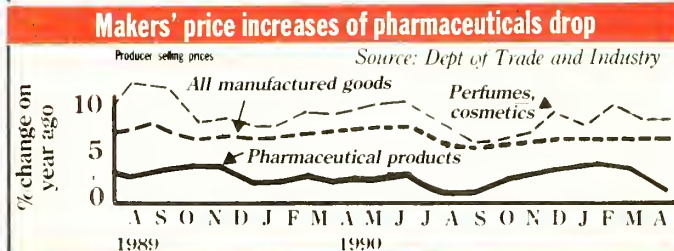
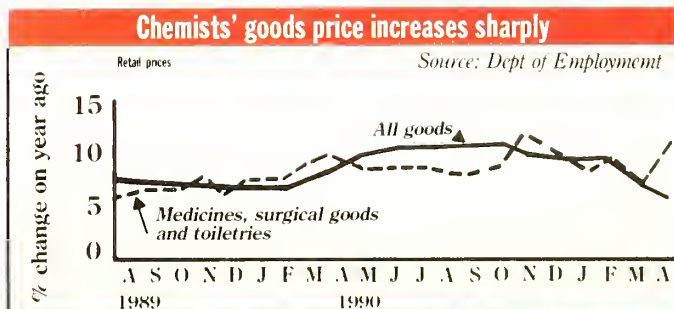
Factory gate prices of perfumes and toiletries are more volatile, with the annual rate of increase peaking at 9.2 per cent in February and falling on official, provisional estimates, to 8.6 per cent in April.

The latest official figures on High Street spending suggest that the long decline may soon be bottoming out. Although the April

volume figures dropped a spectacular 3.5 per cent, this was widely expected after the VAT-beating boomlet in March.

According to the CBI/FT survey of the distributive trades, April's retail sales volumes were unchanged from a year earlier. CBI spokesman Nigel Whittaker believes that "The worst of the decline in the High Street is probably behind us, but a sustained recovery may still be some way off".

Though some improvement



	Period	Latest	Previous	% change on year
<b>Prices and Costs</b>				
<b>Retail prices (Jan 1987 = 100):</b>				
all items	Apr	133.1	131.4	6.4
chemists goods	Apr	136.6	133.0	10.1
<b>Producer prices (1985 = 100):</b>				
manufacturing industry, excl food	Apr	133.7	133.0	5.9
chemical industry	Apr	127.7	128.2	6.2
pharmaceutical products	Apr	121.8	123.6	1.4
toilet preparations for men	Apr	165.9	165.9	10.5
other toilet preparations	Apr	139.1	139.1	8.6
surgical bandages etc	Apr	156.6	155.8	13.3
photographic materials and chemicals	Apr	140.6	139.2	8.6
<b>Average earnings* (Jan 1988 = 100):</b>				
distribution and repairs	Feb	121.0	120.1	7.3

## Pharmaceuticals output & overseas trade

UK manufacturers' sales (£m):	Qtr 4	1436	1319	1
Total home sales (£m):	Qtr 4	1127	1021	-1
UK manufacturers' exports (£m):	Qtr 4	613	590	2
UK imports (£m):	Qtr 4	304	292	-3

## Sales

Consumer spending (£bn, current prices)	Qtr 4	86.6	86.6	2.9
<b>Retail sales (value 1985 = 100):</b>				
all retail businesses	Mar	144	137	8
chemists	Mar	154	150	5

## Business indicators

Average earnings index (1988 = 100)	Mar	127.6	124.7	8.7
<b>Stock changes (£m, 1985 prices)</b>				
wholesalers	Qtr 1	-314	-238	—
retailers	Qtr 1	-163	81	—
Unemployment (UK, per cent)	Apr	7.6	7.4	33.3

Sources: Central Statistical Office, Department of Employment.

may have taken place in April, retail sales are expected to remain poor for the time of year. And with weak demand, retailers continue to cut back on orders placed with suppliers.

However, says the CBI, there are now signs that the downward trend in orders is slackening, although stocks are too high relative to expected sales.

In value terms, the latest official figures on pharmacy sales, reveal a 2.7 per cent increase between March and April, taking the level of business 5 per cent above that of April 1990. In March the annual rate of increase was 9 per cent.

On the supply side, official estimates suggest that British

manufacturers' output of pharmaceuticals fell by 1.4 per cent between the fourth quarter of last year and the first quarter of this year.

This implies a drop of 2.2 per cent compared with the first quarter of 1990.

The downturn in UK perfumes and toiletry production is more marked, with a drop of 5.8 per cent in the latest quarter, to a level 11.8 per cent below that of 12 months before.

Looking to the future, business forecasters Staniland Hall Associates forecast that although spending on chemists' goods will rise as consumer confidence recovers, growth will be slow until around 1994 or 1995.



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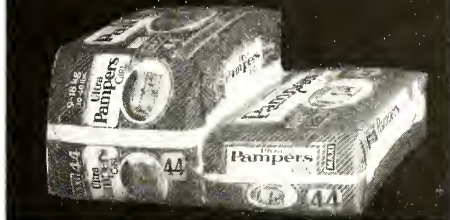
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**NEWCASTLE-UPON-TYNE** - Locum required, Saturday August 10th. 9am-1pm. Please phone 091-274 7790.

**ELTHAM, SE9** - Locum for one or two days per week on a regular basis. 081-850 1350.

**LANCASHIRE, RENFREWSHIRE** -  
Pharmacist required for the  
month of August. Mrs. M.  
Adrain, Kyle and Carrick  
Holdings Ltd, Townholm,  
Kilmarnock, Scotland. Tel:  
0563 22248.

**EWELL, SURREY** - Locum pharmacist required, preferably full weeks, from July 1st. Easily run pharmacy. Long term considered. Tel: 081-394 0894.

**BOLTON** - Pharmacist required for 2 days a week. Tel: 0204 61677 (days), 0204 40751 (evenings).

**NOTTS, DERBYSHIRE, SOUTH YORKS -**  
Reliable locum now booking  
November '91 to March '92.  
Tel. Richard Eggleston on  
0623 640439.

**SUSSEX** - Locum available for 1

week commencing July 1st.  
Contact Alan Sharpe, Burgess  
Hill. (0444) 233839 (eve).

**LOCUM** pharmacist seeks long term vacancy. South east or central London. Tel: 071-928 4143.

**NORTH WEST ENGLAND** - Experienced locum has some weeks available. Have car and caravan for distant locations. Tel: 0539 732565.

**SHEFFIELD, CHESTERFIELD OR NEARBY -**  
Experienced locum available.  
Daily or weekly. Elliott, 15  
Totley Grange Drive,  
Sheffield S17 4AH. 0742  
361311 (No answerphone,  
please try again).

**EX-PROPRIETOR** - Lady pharmacist  
now available for regular or  
casual daily engagements. 10  
mile radius of Highgate N6.  
Telephone L. Godfrey, 081-  
348 0283.

**MIOOLESEX** - Main busy road  
pharmacy. For quick sale. Tel:  
081-951 1998.

**LONDON SE** - Near Elephant and Castle. Pharmacy in small shopping parade. Doctors upstairs. No local competition. Turnover £165,000 approx. NHS 2000 items per month

approx. Rent/rates £3,400.  
Offers. 081-460 0876.

**SUSSEX COAST** - Ideal starter business. T/o £180,000, could produce around £36,000 net to owner pharmacist, presently locum run. Well fitted. Low overheads. Offers £80,000 plus S.A.V. 0622 754427.

**WIRRAL** - Retirement. Relocated lock-up pharmacy. New fittings, between surgeries. PMR 11K. Turnover £450K. NHS 4,500p.m. Rental £3,000p.a. or 125 year lease for sale. Goodwill, fixtures and fittings. Offers over £340K plus S.A.V. to suit. Early completion. Mr Stanway, 051-647 7096.

**KIRBY-LESTER** tablet counter  
wanted. KL8 or similar model.  
Phone 061-445 1999.

**CHEMIST'S BOTTLES** domed covers:  
1) Labelled rhubarb with  
royal coat of arms: Motto  
"Nemo Me Impune Lacessit"  
25¾". 2) Paint in gilt with coat  
of arms: Motto "Quae Prosumt  
Omnibu Artes" 23¾". Tel:  
041-632 2248.

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# ABOUT PEOPLE



## OBEs for Dickinson and Williams

Deputy secretary of the Royal Pharmaceutical Society Raymond Dickinson (above) and Grampian chief administrative pharmaceutical officer Arthur Williams both received OBEs in the Queen's Birthday Honours.

Mr Tony Devis, chief technician at the Society, was awarded the British Empire Medal. He is retiring next month after 25 years service. Mr P.O. Williams, a director of the Wellcome Trust, becomes a CBE.

Mr Dickinson qualified in 1955 having studied at Sunderland. He worked in community pharmacy and wholesaling in Newcastle and had a stint on Council before joining the Society as assistant secretary in 1967.

He is currently responsible for the education, organisation and practice activities of the Society. He is also secretary of the Commonwealth Pharmaceutical Association.

Arthur Williams has held his present post as CAPO for Grampian, Orkney and Shetland Health Boards since 1981. He has been heavily involved in the Guild of Hospital Pharmacists, serving as secretary from 1986.



*The Vestric Travel Award, conferred annually by the College of Pharmacy Practice, goes this year to Miss Lucia Spong, a community unit pharmacist from Derbyshire. She plans to use the £1,250 award to visit Denmark, Sweden and Holland to look into the role of the pharmacist in nursing homes there. She is seen here with AAH Pharmaceuticals managing director David Taylor*

## Crash at Gidlow Pharmacy

When pharmacist David Johnson of Gidlow Pharmacy in Wigan got a call from the police at 6.20am on June 3, he probably thought they were going to tell him the shop had been broken into by thieves. Imagine his surprise when they told him that the culprit was a car.

It transpired that two cars had collided at a crossroads — an accident blackspot — when one had failed to stop. Both drivers were injured in the crash — one sustained a broken leg and had to be cut free from the wreckage.

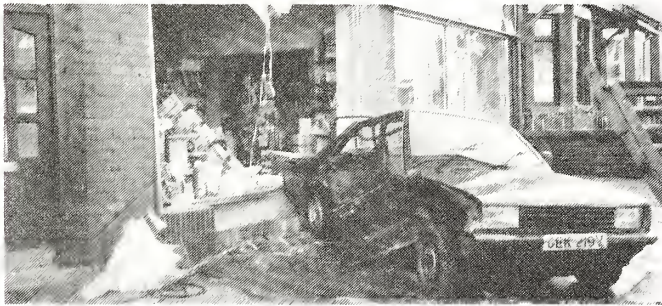
By the time Mr Johnson arrived on the scene at 6.45am, when he took this photograph, the

ambulance and fire brigade had left.

He told *C&D*: "Luckily no one was in the shop. If the accident had happened when the shop was open, customers or people on the pavement could have been hurt."

The car had been removed by 8am, and shop fitters boarded up the window. Luckily the door is on the other side of the double fronted shop, so entry has not been hampered.

Remarkably little stock was damaged in the accident, says Mr Johnson. But the window will need a new frame, internal blinds, a window base and side panels.



## Scottish elections

The recent elections to the Scottish Executive of the Royal Pharmaceutical Society saw success for Mr J. Buntin, Mr I.M.W. Caldwell, Mrs P.A. Duncan, Mr D. Forbes, Mrs C. Glover and Mrs S.H. Paterson.

At the subsequent meeting of the Executive Dr J.E. Bunney, unit pharmacist at Glasgow Royal Infirmary, was re-elected chairman for 1991-92. Mrs P.A. Duncan was re-elected vice-chairman.

## Funds for Headway

Tunbridge Wells pharmacist Michael Munro is leading a campaign to raise £80,000 to build a new day centre for Headway, the National Head Injuries Association.

The charity has obtained permission to build its day centre at Pembury Hospital, near Tunbridge Wells. It will be used to provide support for 65 severely head injured people in the area.

Mr Munro's son Nick suffered severe head injuries in a car accident in France in 1984, so he knows at first hand the physical disabilities and personality changes such an injury can cause. Princess Diana has recently taken an interest in Headway and has agreed to become its patron.

Anyone who wishes to make a donation can contact Mr Munro at High Cedar, Nevill Ridge, Nevill Park, Tunbridge Wells, Kent TN4 8NN.

## APPOINTMENTS

**Potter's (Herbal Supplies) Ltd** have appointed Stephen Burgess as sales manager. He succeeds Tony Morley, who has been retained as a consultant.

**Gordon Davis Ltd** has appointed pharmacist Divyesh Shah to the company's newly created position of pharmacy controller. Mr Shah, a Leicester branch manager for the past five years, will be involved with the day to day running of the ten branches.

**Dr Barry Strickland-Hodge** has been appointed visiting professor of information technology and pharmacy practice at the Medical University of Southern Africa. Dr Strickland-Hodge contributes regularly to *C&D*. He is also a community pharmacy locum, visiting fellow of Aston University and a visiting senior research fellow at Bradford University. He takes up his new appointment in September and will travel out for one month each year. The Chair is sponsored by Lilly.



# CHEMEX '91

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